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ABSTRACT

This monograph is the third of a trilogy of studies on the Unitas Therapeutic Community, a program that attempts to strengthen the competencies of the Hispanic and Black youngsters living in the Longwood/Hunts Point section of the South Bronx, New York City. The program uses indigenous nonprofessionals as surrogate parents, uncles, and aunts for youth 5- to 16-years-old living in the same neighborhood, often on the same street. A symbolic family is created that supplements the children's frequently unstable natural families. This report presents a psychotherapeutic evaluation of Unitas that attempts to examine how 117 children who participated in the program (most of whom were Hispanic) changed as a result of their Unitas experience. The theoretical context and the methodology of the evaluation are discussed. The evaluation consists of the following components: (1) a descriptive sociodemographic, psychosocial, and academic study of Unitas children in May-June 1983; (2) a psychosocial longitudinal comparison of Unitas and Police Athletic League (PAL) youngsters, conducted first at the beginning of July 1983 (pretest), and then again at the end of August 1983 (posttest); and (3) a behavioral assessment process study of the Unitas circle meetings carried out during the 6-week summer program of July-August 1983. Data are presented on 14 tables and figures. Five lists of 113 references are provided. (BJV)

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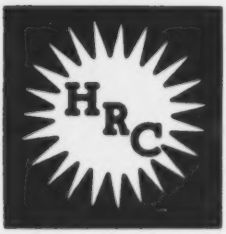

Hispanic Research Center
Fordham University

Unitas:

Evaluating a Preventive Program for Hispanic and Black Youth

by

Mary E. Procidano

and

David S. Glenwick

Monograph No. 13

UNITAS:
EVALUATING A PREVENTIVE PROGRAM FOR HISPANIC AND BLACK YOUTH

Mary E. Procidano
David S. Glenwick

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Preface

This monograph is the third of a trilogy of studies on the Unitas Therapeutic Community in the South Bronx. The first study, published in 1981 by the Hispanic Research Center (HRC) — *Unitas: Hispanic and Black Children in a Healing Community,* by Anne Farber and Lloyd H. Rogler, HRC Monograph No. 6 — describes the results of a two-year ethnographic study of Unitas, its organizational structure and interpersonal processes. This account, based on participant observation, described and analyzed the composition of Unitas' program elements; its staff and the participating children; its concepts of psychological healing, therapeutic systems and techniques; its elaborate symbolic family structure; and its impact on the lives of its teenage symbolic "parents" and children.

One of the major questions raised as a result of this appraisal was that of the program's replicability. The ethnographic study concluded that it was feasible and valid to replicate the Unitas program. Encouraged by these findings, Edward Eismann, founder and director of the Unitas program, undertook the task of putting the system and methods of Unitas down in writing. The result was a rich, first-hand insider's account of the development and inner workings of Unitas, published by the HRC in 1982 — *Unitas: Building Healing Communities for Children. A Developmental and Training Manual,* by Edward Eismann, HRC Monograph No. 8. This manual describes how Unitas was pieced together as a healing community: Eismann's early mobilization efforts, how teenagers were attracted to the program and what motivated them to become the surrogate parents of the younger children in their neighborhoods. The manual also presented a series of training modules for persons interested in replicating certain aspects or dimensions of the Unitas program in other settings.

The present monograph is a psychotherapeutic evaluation of Unitas which attempts to examine how children who participate in the program change as a result of their Unitas experience. Indeed, it was the need for such a study which first brought Edward Eismann to the HRC and Unitas to our attention. The three Unitas studies — one an ethnographic outsider's account, the second an insider's view, and the third an experimental research evaluation — provide a comprehensive, well-rounded evaluation of the Unitas experience. The reader is invited to turn to the first two studies in interpreting the findings presented in this volume. Together these studies provide a new multifaceted, multi-perspective view of an exciting and innovative therapeutic approach.

This monograph is the thirteenth in a series published by the Hispanic Research Center to stimulate interest in Hispanic concerns. The Hispanic Research Center was established at Fordham University in 1977, under a grant from the National Institute of Mental Health, renewed in 1982, to work toward five major objectives: (1) to develop and conduct policy-relevant epidemiological-clinical services research on processes relevant to Hispanic mental health, (2) to increase the small pool of scholars trained in Hispanic mental health research and to upgrade their research skills through the provision of apprenticeship training and other mechanisms, (3) to provide technical assistance to organizations and individuals interested in the mental health problems of Hispanic populations, (4) to disseminate and publish mental health materials relevant to Hispanics, and (5) to develop a research environment for scholars from the mental health disciplines.

Lloyd H. Rogler
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June 1985

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1

UNITAS: AN OVERVIEW OF THE PROGRAM AND EVALUATION

In the mid-1960s Dr. Edward Eismann, a clinician with the Lincoln Community Mental Health Center, noticed the difficulty of conventional mental health systems in attracting minority clients from the South Bronx. Simply put, by their general failure to approach and become involved in the clinics and hospitals of the area, Hispanic and black youngsters and their families were indicating that such facilities did not adequately meet their needs. In reaction to this state of affairs, Eismann, in 1967, developed a program that was physically grounded in the community and made use of its natural indigenous helpers as the fundamental means of intervention. That program, Unitas, continues in operation today in the Longwood/Hunts Point section of the South Bronx as an alternative to traditional mental health interventions for youth.

The involvement of Unitas with Fordham University's Hispanic Research Center (HRC) dates from the late 1970s when Farber and Rogler[1] conducted a sociological/anthropological study of Unitas resulting in the first of the HRC's three monographs on Unitas. In 1982 under the HRC's auspices, Eismann produced a Unitas developmental and training manual, the second monograph in the series,[2] which provided an illuminating inside account of Unitas by its founder. The present monograph and the research detailed here were built upon the rich material contained in these two works and the intriguing questions raised by them. Our psychologically oriented evaluation of Unitas offers yet an additional perspective on this unique program.

In this chapter we describe Unitas, its program, and its operation. We then present a conceptualization of Unitas from two perspectives — (1) psychological theories of individual growth and development and (2) a preventive, community-oriented model —and we attempt an integration of the two. We then discuss issues related to conducting evaluations of programs such as Unitas and how we, in the present evaluation, addressed such issues. Chapter 1 concludes with a summary of the purposes and an overview of the design of the evaluation.

Program Description

The Longwood/Hunts Point section of the South Bronx can be characterized accurately as a community experiencing widespread economic and social stressors and deprivation. According to 1980 census data,[3] the median income for households in the area's four census tracts ranged from $7,710 to $12,487. Of the population over age 16, 9.5 percent of the population were female heads of household with children under 18 years of age. Historically, the area is one in which approximately one-fourth of the adults have been unemployed in recent years.[4] These data reinforce the commonly held image of the South Bronx as the quintessence of urban decay and indicate why it is indeed a high-risk area for the Hispanic and black children growing up there. What the figures fail to suggest, however, are the human assets and resources possessed by its residents — the affective, cognitive, and instrumental reservoirs of its people. Eismann has been able to mobilize and capitalize upon these resources in the creation and development of Unitas over the past decade and a half.

What is Unitas? It can be described most succinctly as a program that attempts to strengthen the competencies of the Hispanic and black youngsters living in the Longwood/Hunts Point section. The program uses indigenous nonprofessionals — local older teenagers, college students, parishioners from area churches, and other interested adults — as surrogate parents for youth 5 to 16 years old living in the same neighborhood, often on the same street, as themselves. Thus, a symbolic family is created which supplements the children's frequently unstable natural families. Each symbolic family is composed typically of between 10 and 15 youngsters. In addition to the surrogate parents, a family may contain several surrogate aunts or uncles, usually adolescents 14 to 16 years of age. The other members of the family who, in fact, constitute the majority of the youth attending Unitas are either younger children aged 5 to 14 or teenagers who have not been considered ready to assume the added responsibility of acting as a surrogate mother/father or aunt/uncle; they regard each other as Unitas brothers and sisters.

How does a child become a part of Unitas? Some youngsters are referred to the program by principals, teachers, or guidance counselors from the local public and parochial elementary and junior high schools. These are children who have evidenced behavior problems of one type or another, ranging from shyness and social isolation to acting-out and aggression, and for whom Unitas is seen as a likely beneficial experience. Such formal referrals are not mandatory: no child is forced to join Unitas. The second route by

which youngsters find Unitas is a more informal one: many of the neighborhood children hear of it by word-of-mouth or from friends already in Unitas. They come to a Unitas circle meeting, described below, find that they enjoy it, and continue coming for as long as they wish, often over a period of years.

What does a youngster experience in his or her Unitas symbolic family? The children in each symbolic family are helped by one another in their interactions under the direction of their surrogate parent, the aim being to provide them with a sense of being nurtured, self-discipline, and group-belonging, as well as assistance in handling everyday problems. These contacts occur in the children's own neighborhood settings, including streets, rooftops, schools, clubhouses, and tenement apartments, as well as in the circle meetings. They can involve a youngster and his/her surrogate parent and/or one or more of his/her symbolic brothers or sisters. Problems with school, peers, and family are frequently brought up by Unitas children seeking advice, comfort, or just a listening ear.

While many of these contacts take place informally, as for example, a Unitas youngster chatting with his surrogate father outside his apartment building, others occur in large circle meetings held weekly during the academic year and four days a week in the summer. In these meetings, all of the symbolic families gather together into a symbolic extended family under Eismann's leadership. This network of symbolic families, sometimes having a total of 100 members, helps build a feeling of *communitas* (a sense of being cared about) as well as a feeling of belonging to an extended family. The circle meetings also provide experience in developing problem-solving skills through discussion, modeling, and role-playing of real-life and hypothetical situations. From September through June, the circle meetings are held after school on Tuesday afternoons in the gymnasium of a local parochial school. The circle meeting is followed by a recreation period, after which the circle forms again briefly for the youngsters to deal with last-minute problems (such as any lost possessions) and to say good-bye until the next week. In July and August the circle meets in the late afternoon on Mondays through Thursdays on a local street closed off to vehicular traffic for the time of the circle. Each summer circle is the culmination of a full day in which Unitas children swim in the morning and have a recreation period in the afternoon until the start of the circle. The circle meeting itself lasts an average of approximately 45 minutes.

A typical circle meeting begins with the children seated in a large circle, each youngster with his/her symbolic family members, as Eismann welcomes them and asks them to introduce any new persons or visitors to the circle. The children are then offered the

opportunity to raise problems or make comments to the circle. The bulk of the meeting is devoted to the discussion of a real or hypothetical problem presented by Eismann, a surrogate parent, aunt, or uncle, or any of the children. The types of topics covered include how to make friends with people you don't know; dealing with feelings of loss, e.g., a relative dying or a friend moving away; going after what you want; finding out the reasons behind things; returning favors; being kind; and treating others as you would have them treat you, that is, the Golden Rule. For example, Eismann uses the following fable to encourage the children to generate alternatives with reference to one prosocial quality — kindness.

"Once upon a time there was little boy who was very mean. One night he was visited by a ghost who said, 'Ebeneezer, there are some things you need to know about kindness, and there are a lot of children whom I'm going to send to teach you. But first I'm going to send you a secretary who will list all the possibilities of kindness given to you by the children so you won't forget. And then you are to take three of these suggestions a day and practice them until you learn kindness. . . Then you will see how your life will change.' "

Following the telling of this hypothetical tale, Eismann recruits a volunteer to play the role of the secretary. After this, any Unitas child who wishes comes into the center of the circle and offers a suggestion as to how Ebeneezer could act more kindly. When all those who want to contribute an idea have done so, the secretary reads the list of possibilities to the entire circle.

Thus, Eismann solicits the children's opinions as he invites them to express their feelings, offer information, or provide alternative solutions. At times the discussion is accompanied by role-playing, in which some of the children and teenagers enter the center of the circle and act out possible approaches to a particular situation. At other times, Eismann will have the circle break down into its symbolic families, with each family meeting as a small group to talk about the topic at hand. On occasion, a Unitas member may volunteer, or be requested by Eismann, to assist another child who may be crying, disrupting the circle, or have lost something. In addition, to help facilitate comprehension, concentration, empathy, and self-expression on the part of the children, Eismann often asks them to repeat or paraphrase his comments or questions. The circle ends with a summary of the discussion by Eismann and an exchange of hugs among symbolic family members.

Surrogate parents attain their position through a variety of paths. As a Unitas child grows and demonstrates the capability to take on increased responsibility, he/she often becomes a surrogate aunt/uncle and, in some cases, even a surrogate parent, thereby maintaining the continuity of symbolic family care. Other surrogate parents do not

come up from the ranks but are older teenagers and adults from the area, for example, a teacher, college student, the program's secretary, who wish to make a commitment to Unitas and who are judged able to assume the surrogate parent role. Eismann trains and supervises the surrogate parents in empathic counseling and in effecting behavior change. It should be noted that, since each Unitas child selects the symbolic family with which he/she wishes to affiliate, it is the youngsters themselves who provide a most telling evaluation by their choice of a particular surrogate parent.

A small percentage of Unitas youngsters receive some additional intervention (individual, group, or family) from the Unitas staff (Eismann and two other social workers) besides the nuts-and-bolts program detailed above. However, the symbolic family system and the extended symbolic family of the circle, which all Unitas members experience, are considered the core of Unitas. These are the primary mechanisms or modalities through which Unitas attempts to develop the children's capacities in four principal target areas: (1) the ability to make and maintain networks of constructive friendships; (2) the ability to find alternative solutions to life problems; (3) the development of a sense of mastery over themselves and their environment; and (4) the development of a sensitivity to both their own needs and those of others. Consequently, it is these modalities and target objectives which constituted the foci of the present evaluation of Unitas.

Conceptualizations of Unitas

A program such as Unitas can be conceptualized from several vantage points. One is from the stance of theories regarding the growth and development of the individual. A second vantage point views Unitas within the framework of preventive and community psychology, In this section, we present these two approaches to a theoretical explication of Unitas and then offer a third perspective which integrates the two models and demonstrates their complimentarity with respect to Unitas.

Unitas from the Perspective of Individual Development

One way of placing Unitas within a theoretical context is to consider how it reflects the models which psychologists have proposed about the development of the person. The theorists who

appear to have most influenced Eismann's work are Erik Erikson, Carl Rogers, and Alfred Adler. Erikson's psychosocial theory postulates eight stages of the life cycle,[5] each with its own principal developmental tasks (e.g., achieving a sense of identity in adolescence), and provides the rationale for Unitas' emphasis on identifying each child's current developmental phase, which may be far different from his/her chronological age. The child is then given Unitas experiences intended to promote mastery of that stage so that he/she may advance without developmental gaps.

From Rogers, Eismann has extracted the importance of empathy, respect, and authenticity as "essential components of a healing relationship."[6] These qualities are indeed characteristic of Eismann's behavior with the Unitas children and represent the type of interaction that, through modeling, role-playing, and discussion, he tries to facilitate among Unitas teenagers and youngsters. The ability to understand another person empathically and to communicate that understanding is seen by Eismann as a crucial manifestation of healthy emotional growth. Similarly, the experience of being empathically understood is regarded as vital to the development of a sense of belonging and a sense of self.

Adler's notion[7] of the importance of understanding the purpose served by one's behavior also has been a theoretical cornerstone of Unitas. Thus Eismann and the symbolic parents will frequently attempt to point out, or help a child arrive at, the reason for a particular behavior displayed by the child. If that behavior is socially inappropriate, the youngster is given encouragement and assistance in discovering a better way of achieving his/her underlying goal. For Eismann, such cognitive understanding complements the emotional understanding emphasized by Rogers. In summary, from Erikson, Rogers, and Adler come suggestions as to the experiences with parents and peers that are necessary for optimal psychosocial maturation, suggestions which are made operational in the activities of the symbolic families and the symbolic extended family of Unitas.

Unitas from a Preventive and Community Psychology Perspective

Shifting our perspective from individual development to preventive and community psychology, we see that Unitas may be profitably explored from the latter model as well. Several of the hallmarks of the preventive, community approach, outlined in Chapter 2, are illustrated by Unitas. As opposed to the treatment of long-standing disorders, Unitas stresses, first, prevention of psychological dysfunction if possible (primary prevention) and, when a problem does arise, intervention in the incipient stages (early

secondary prevention). By emphasizing the children's primacy in determining the extent of their participation in Unitas and mixing referred and nonreferred youngsters together, Unitas avoids the labeling and stigmatization that sometimes occur in programs aimed at high-risk children. Additionally, stemming from its preventive outlook is a concentration upon building on existing strengths and developing competencies rather than on remedying deficits. Therefore, the enhancement of adaptive skills — that is, ways of effectively relating to others and attaining one's goals in a prosocial fashion — represents, along with the fostering of feelings of self-esteem and self-worth, a principal objective of Unitas.

A second salient feature of the preventive, community model is attention to person-environment transactions, that is, the reciprocal exchanges between a person and his/her surroundings, and the creation of nurturing and growth-inducing settings. By means of the symbolic families and the extended family circle, Unitas has devised an organizational structure intended to promote positive development in its members. While this structure is, in a sense, an artificial one in its reliance on surrogate parents and other Unitas relatives, the helping interactions take place in the neighborhood settings of the Unitas youngsters. Furthermore, it is the support system composed of the indigenous community residents comprising Unitas which serves as the active agent of change. The professional involvement of Eismann and his staff centers on providing training, supervision, and direction to assist this support network in achieving an effective level of functioning.

A final aspect of the model exemplified by Unitas is its respect for cultural diversity and for empowering unempowered cultural subgroups. A main reason for Unitas' adopting a structure containing symbolic and extended families is the central position of the family in Hispanic life. This structure is one with which the Hispanic community can feel comfortable, with the bonds among Unitas relatives analogous to those existing among natural relatives in many Hispanic families. Empowering the unempowered is a continuous implicit objective of Unitas, as these children of the South Bronx learn through their Unitas experience and Eismann's encouragement that they can make things happen, both individually and collectively. In this manner, it is hoped that the learned helplessness[8] which many minority groups in our society have come to feel will be replaced by a heightened sense of self-efficiency in the children and teenagers of Unitas.[9]

An Integrated Conceptualization of Unitas

At first glance the two perspectives — the individual development and the preventive community models — might appear to be at odds with one another because of their seemingly different foci. However, this incompatibility is more apparent than real. Theorists such as Erikson, Rogers, and Adler propose qualities of healthy psychological development and general conditions facilitating such development. The preventive community model advances strategies for catalyzing positive development among a particular segment of the population — youngsters who are disadvantaged and at risk. This perspective explores how youth can best be provided with environments that set the stage for task mastery, empathic listening and communicating, and cognitive understanding. It suggests that, while the material resources of areas such as the South Bronx might be lacking, there are ample human resources waiting to be tapped in the form of a community's natural support systems and social networks. It is these resources which, if sensitively and creatively utilized, can exert a powerful impact upon the children of Longwood/Hunts Point. Thus the preventive, community approach offers a means to an end — the development of competent and compassionate individuals.

Recently a model has been proposed that integrates attention to the environment and to the person and illustrates how environmental supports and individual capabilities dovetail with one another. According to this model:[10]

$$\text{Incidence of emotional distress} = \frac{\text{Organic factors + stress}}{\text{Competence + self-esteem + support groups}}$$

That is, as the amount of stress in a person's life increases, so too does his/her vulnerability to emotional distress. As the equation notes, certain organic (that is, genetic and biochemical) factors also predispose to the development of dysfunction. Conversely, as one's competence, self-esteem, and use of support groups increase, the likelihood of psychological distress decreases. Thus, for disadvantaged populations, it has been suggested that stressful life events, personal dispositions (which encompass competence, self-esteem, and other coping skills of the individual, and social situations (such as access to and employment of social supports) interact to determine the extend of psychopathology.[11]

This theoretical model, which summarizes much of the material considered in Chapter 2, offers some possible directions for prevention and early intervention, including enhancing the population's

coping abilities as well as their available social supports. Based on this approach, several projects have focused on improving high-risk youngsters' decision-making and problem-solving abilities in the hope that such an increase in competencies will be accompanied by boosts in the children's adjustment, self-concept, and internal locus of control (that is, sense of being able to influence the outcome of events).[12] Other studies have concentrated on the network of supports that exist for a given child or group, the way in which this network is perceived as helpful, and the degree to which such supports buffer or moderate the effects of stress.[13]

Unitas combines aspects of both of these strands. Through the circle meetings and the interactions among symbolic family members, it attempts to aid the youngsters in their development of cognitive and emotional competence (e.g., the ability to recognize problem situations and generate effective solutions, an awareness of one's own and others' feelings), as well as a greater sense of empowerment and a positive valuation of one's self. At the same time, these efforts at increasing the capabilities of the individual Unitas children are complemented by efforts at creating a supportive environment to cushion the effects of the numerous stressors existing in these youngster's lives. In fact, not only do these supports in the form of the symbolic families and the extended family lessen the impact of stressors, but they also function as the vehicle through which growth in competencies and coping abilities is conceptualized as occurring. Consequently, in Unitas these two paths are, in the final analysis, inextricably intertwined as the children and teenagers bond together to form a supportive network which, in turn, serves to promote the development of adaptive functioning on the part of the individuals comprising it.

Issues in Conducting a Program Evaluation of Unitas

As we set out to evaluate Unitas, it appeared that three broad considerations needed to be kept in mind. While these issues were particularly pertinent to the specific present case, we believe that they are, or should be, salient in designing any evaluation of preventively oriented programs for minority youth. The issues are the following:

1. The need to be sensitive to the mores, traditions, and languages of the ethnic/racial groups involved. Failure to be so can result in (a) alienating the program's participants and staff, (b) not truly understanding the program and phenomena being evaluated, (c) employing inappropriate assessment measures, and (d) not being able to interpret one's findings adequately. As white, middle-class psycholo-

gists, we were acutely aware of the importance of not fitting the evaluation into our own procrustean bed.

2. The desirability of assessing a wide range of process and outcome variables reflective of the program's goals. Often in an evaluation only a narrow range of variables may be examined because of insufficient resources, ideological biases on the part of the evaluators or program administrators, and/or tunnel vision (that is, failure to brainstorm or conceptualize creatively). As a result, only a small part of the total picture may be captured, with many potentially fruitful facets of the program uninvestigated. The more angles from which a program can be examined, the greater the opportunity to uncover unintended as well as intended effects, second-order impact (systemic and organizational change), and serendipitous findings.

3. The importance of integrating the evaluation smoothly into the program's ongoing operation. If an evaluation is viewed by staff and participants as disruptive to the program's routine, there may be considerable resistance to cooperating with the evaluators and providing the necessary data. In extreme cases the end product can be an incomplete or invalid evaluation. In addition, ideally one would wish for evaluation to be a continuing process, with the program staff maintaining some form of self-evaluation, or at least a data-collection mechanism for future evaluations, after the outside evaluators have departed. The probability of this occurring is enhanced by the extent to which the evaluation can be built into the program's day-to-day activities and the program staff easily trained in the data-gathering procedures.

To promote these three objectives, we adopted several strategies which we believe are applicable to preventively oriented programs in general. These strategies included:

1. Meeting with Unitas staff and children in order to obtain their input in the design of the evaluation, e.g., what variables to assess and how best to assess them, and to increase their ease with the evaluation process. Thus, while the evaluation was still in its formative stage, we talked individually and in small groups with Eismann and his staff; the symbolic parents, aunts, and uncles; and the Unitas children. We solicited their opinions on the purpose of Unitas, the effect of the Unitas experience on their lives, the ways in which Unitas accomplished its aims, any problems or inadequacies they found in Unitas as it was then structured, and any suggestions for our evaluation. These informal dialogues, along with our own observations of Unitas circle meetings, training sessions, and recreation activities, and our knowledge of similar preventive programs and the preventive/community psychology literature provided us with direction regarding what we should examine in the evaluation and how we should go about doing so. They also enabled us to explain the rationale for the evaluation to these diverse constituencies, to answer

any questions they had, and to defuse their anxieties about the evaluation process and the use to be made of the results. In this manner, instead of their thinking of the evaluation as something thrust upon them by outsiders as a *fait accompli,* we attempted to increase their sense of investment in and ownership of the evaluation and of having a stake in its success.

2. Presenting the idea of the evaluation to the children by the Unitas staff in a way that would help foster the youngsters' self-esteem as vital information-givers to the program evaluators. At the first circle meeting we attended, Eismann introduced us as friends from nearby Fordham University who were interested in learning about Unitas from the children themselves, adding that he hoped they would welcome us into their midst and that our impressions about Unitas would be very helpful to him and the children. Thus, from the beginning, the set was established by Eismann and his staff that the evaluation was a collaborative effort in which the youngsters had an important role to play. Periodically, over the course of the spring and summer of the evaluation, he restated this message in various forms and explained to the children what we were doing and why we were doing it.

This process contributed to the competency-enhancing objective of Unitas, that is, by making the youngsters feel valued, we increased their feeling of involvement in the evaluation, and put them at ease in our presence.

3. Using minority college students from the same cultural backgrounds as the Unitas children to administer the assessment instruments. Though controversial, there is some evidence in the research literature of what are termed examiner effects upon the test performance of minority youngsters,[14] that is, some studies have suggested that minority children at times do better on psychoeducational measures when they are tested by a person of the same racial or ethnic background than by a nonminority examiner. Therefore, to facilitate further support during the Unitas evaluation and to obtain the best possible indication of the youngsters' skills and perceptions, we recruited minority undergraduates from Fordham University as paid research assistants. These students served as the actual administrators of the measures and as the behavioral observers (see below) throughout the evaluation. We might note in passing an added dividend from this approach, namely that it permitted minority college students to obtain research and community experience that we hoped would prove useful in their career choice and personal growth.

4. Administering assessment materials in each child's primary language. Many of the instruments used in evaluating prevention programs for children exist only in English. Administering an

English version to a Unitas youngster whose preferred language was Spanish would have provided a score of dubious value. Consequently, two fluent speakers of Spanish, graduate students in community psychology and anthropology, translated each instrument into Spanish. The Spanish version was then re-translated into English to establish the linguistic validity of the measures, ensuring the retention of the essential meaning of the original English version. During the actual administration of the instruments, the child was read each measure aloud in his/her primary language of choice.

5. Obtaining data of various types to assess Unitas' impact across a range of settings and child competencies. To obtain as complete and rich an evaluation of Unitas as possible, we gathered information from diverse sources by way of a number of modalities. These included psychosocial measures individually administered to the children by our research assistants, academic records provided by their schools, behavior rating scales completed by their teachers, sociodemographic information collected from the youngsters and Unitas staff, and behavioral observations of the circle meetings by our research assistants. This wide-angled approach permitted us to paint a fairly detailed portrait of the Unitas children and to investigate if the assessed impact of Unitas differs depending upon the ways and contexts in which it is evaluated.

6. Using a data schedule that could be easily incorporated into Unitas' regular procedures. Our sociodemographic schedule was intentionally devised so that the information collected would be beneficial to us and also to the Unitas staff and so that they could continue to use it after the evaluation's termination. Thus, although the form was quite thorough in the information it requested about a youngster's family background, Unitas activities, and school enrollment, we attempted to write it in clear, straightforward language, to keep it at a reasonable length, and to require minimal writing by the research assistant or Unitas staff member completing it. Most of the questions could be answered by a check mark or one or two words. The resulting questionnaire was one which could be filled out in a fairly short time when a child initially joined Unitas and could be updated at the start of each program year.

An Overview of the Evaluation

Prior to the present evaluation, the only study of Unitas had been Farber and Rogler's qualitative account from a sociological and anthropological viewpoint. Consequently, both the HRC and Unitas were desirous of an evaluation which would complement that study

by providing a psychological and quantitative orientation. The breadth and innovativeness of Unitas suggested a multitude of directions in which we could proceed. It was decided to conduct an evaluation which would attempt to realize in at least a preliminary fashion several interrelated objectives. The objectives were selected for their potential both for increasing our understanding of Unitas and for contributing to knowledge and theory regarding prevention programs for children in general. It was anticipated that findings from the current evaluation would, in turn, generate a wealth of additional questions worthy of further investigation. The following were our objectives:

1. To establish a data-gathering mechanism and structure through which information on a broad range of dimensions, including demographic, adjustment and attitudes, adaptive behaviors, and program participation, could be collected on an ongoing basis for Unitas children. Until the present study, no such systematic procedures existed except in rudimentary form. For this evaluation and to facilitate any future evaluations, a necessary initial step was to develop a method of routinely collecting this information. Thus, a mechanism was set up for obtaining data about youngsters concerning their sociodemographic status from Unitas staff, their psychosocial competencies from the children themselves, their academic performance and school behavior from school personnel, and their behavior in the circle meetings from behavioral observers.

2. From such data to compile a profile using descriptive statistics of children who participate in Unitas. This would enable us to answer the question of who the Unitas members were in terms of such variables as age, sex, family situation, school background, and sociodemographic status.

3. To compare Unitas children to non-Unitas children attending the same school. In the spring of 1983, teachers in a parochial school, attended by a large percentage of Unitas members, were asked to provide information concerning the academic performance and behavioral adjustment of all their pupils. From these data, we could examine how Unitas children differed from classmates not in the program on such factors as school grades, disciplinary infractions, and behavioral competencies.

4. To compare Unitas children in the summer program (July-August 1983) with Unitas children participating in the 1982-83 academic year program. Since some youngsters attended Unitas from September through June but not in the summer, we wanted to learn if this group differed from the group that took part in the summer program. Therefore, we compared sociodemographic and school performance (academic and behavioral) data for the two groups.

5. To compare the effect of participation in the Unitas summer program with the effect of participation in a neighborhood recreational program in the same community. We were interested in studying the extent to which Unitas youngsters changed on selected indices of functioning over the course of the summer and how this change compared with that for youngsters attending a program in the Longwood/Hunts Point area having a primarily recreational rather than psychosocial emphasis. Therefore, psychosocial measures, tapping such qualities as problem-solving ability, altruism, locus of control, perceived social support, and social cohesiveness, were administered to children in Unitas and in the local Police Athletic League program at both the beginning and end of the summer; we also obtained sociodemographic data for the two groups. Change over time in each group was then examined, as was the difference between the groups in the magnitude of change. This component of the evaluation enabled us to begin to explore not only if Unitas members change psychosocially but also the degree to which any such change might be attributed to Unitas participation as compared with normal development or other interventions.

6. To determine the relative contribution of Unitas participation and several sociodemographic variables to changes on the indices of functioning, mentioned in Objective 5, occurring during the summer of 1983. By means of multiple regression and other correlational analyses, we sought to discover the extent to which participation in the Unitas summer program accounted for any such changes, particularly when the impact of sociodemographic factors on functioning was simultaneously considered. In other words, how well did Unitas participation, in combination with sociodemographic information, predict change in psychosocial functioning?

7. To determine how the psychosocial measures (the indices of functioning described in Objective 5) and the sociodemographic variables related to one another for Unitas participants. We investigated what relationships existed among all of our measures taken as a whole. For example, for a given index of functioning, such as altruism, which other measures and which sociodemographic data showed evidence of significant correlations with it? Construction of correlation matrices permitted exploration of how these variables related to each other.

8. To conduct a process study of Unitas' summer program, examining change occurring in amount and type of member participation in the circle meetings and factors associated with such change. Behavioral observations of the circle were carried out by trained observers for the six weeks of the 1983 summer program to obtain frequency counts of prosocial and antisocial behaviors. This

allowed us to study what took place in the circle, how this changed over the course of the summer, how behavior in the circle related to performance on the indices of psychosocial functioning noted above, and what factors might have played a part in any behavior change in the circle meetings. Such a process-oriented behavioral assessment of Unitas was seen as complementing the more outcome-oriented psychosocial assessment outlined in Objective 5.

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2

CONTEXT OF THE EVALUATION

In addition to its theoretical innovation, Unitas is unique as a psychotherapeutic method in several respects: its focus on prevention of emotional and behavioral problems (what it attempts to do); its service to disadvantaged minority children (for whom it was developed); and its articulation of different psychological and therapeutic theories into a therapeutic community of symbolic families (how its goals are accomplished). Indeed, questions of *what, for whom,* and *how* are basic issues in the conceptualization, design, and delivery of prevention programs.

Beginning in the 1960s, some mental health professionals began to articulate a need for alternative models and strategies for dealing with psychological disorder. As described by community psychologists, the roots of dissatisfaction with traditional clinical treatment modes lay partially in observations of overtaxed and overcrowded treatment facilities and a disquieting lack of empirical verification of treatment efficacy.[1] What was needed was a new method to facilitate preventive interventions occurring in communities and early in the course of psychological maladjustment or before it occurred, and also a way in which the efficacy of such a method could be demonstrated empirically.

Political and economic facilitation for such a shift became available through a series of Community Mental Health Center Acts.[2] Through these legislative acts, community mental health centers were established nationwide, with mandates emphasizing, among other things, prevention of psychopathology. Caplan[3] provided a definition that is now considered somewhat a classic: *primary prevention* refers to lowering the rate of new cases, that is, the incidence, of a disorder; *secondary prevention* refers to reducing the duration or severity of disorders that do occur; and *tertiary prevention*, which is synonymous with most notions of traditional therapy or maintenance, refers to reducing further impairment that follows the onset of disorder. Typically, the term prevention is used generically to refer to primary and/or secondary prevention.

Primary and even more so, secondary preventions, like any

therapeutic intervention, are conceptualized and delivered according to some theoretical model regarding the causes of maladjustment. The function of the preventive intervention is to preempt or interrupt some hypothesized cause of an undesirable end state. Because of the nature of the prevention model and because it was proposed in part as a response to disappointing data regarding outcomes of more traditional treatment models, etiological theory alone was considered insufficient. Empirically oriented investigators emphasized a need to design and target interventions based on etiological data. For this reason epidemiological methods developed in the field of public health have been utilized to investigate associations betweeen different end states, that is, psychological disorders, and a range of characteristics that may antecede and possibly contribute to the onset of disorder.

Recent data indicate that there is a complex epidemiology of mental health problems and, indeed, some physical health problems. Compared to a more classic model in which illness is attributable to a single cause, such as cholera to infected water or pellagra to vitamin deficiency, dimensions of psychopathology tend not to be attributable to single causative agents, but rather to combinations of contributing variables. Thus, the expectation is that examination of the cumulative contribution of a wide range of risk factors might enable us to account for a greater proportion of the total variance of resulting psychological symptomatology. For any particular disorder, combinations of specific genetic, demographic, personality, attitudinal, behavioral, and environmental risk factors may play contributing roles.

For the purposes of prevention, epidemiological data are relevant to several types of decisions including: *what,* that is, which undesirable end state is to be prevented; *for whom* the intervention is intended; and *how* the intervention is to be designed and delivered. The issue of what is to be prevented —that is, of choosing to focus upon particular disorders to the possible exclusion of others — is neither clear-cut nor independent of value judgements, as pointed out by many community-oriented investigators.[4] For instance, consider a somewhat stereotypic example of traditional clinical service delivery, in which hospitalization and/or psychotherapy are available to persons suffering from acute episodes of illness. In this "waiting mode" or tertiary prevention model, no intervention is made until, first, the symptoms and impairment are quite serious and, second, the affected individuals are referred individually for a type of treatment that involves a substantial interruption in their lives. Furthermore, service in this model is delivered to a very small minority of the population.

Alternatively, supporters of the prevention model have proposed a focus on end states that are less serious and dysfunctional but more prevalent. In this approach, the goal is to provide interventions to individuals, or more preferably to large groups or even entire communities, in the context of natural environments, such as schools. In this way, interventions might be less disruptive, serve more people, and have greater potential for maintaining or improving psychological well-being.

Epidemiological data are useful in choosing not only what might be prevented, but also to whom the intervention should be directed and how the intervention might be designed and delivered. Logically, efforts at preventing a disorder should be targeted at groups at risk for the disorder, and the intervention ought to represent an attempt to preempt or modify some relatively important risk-related deficits. Therefore, information regarding associations between risk factors and disorders is relevant to these issues.

The community-oriented search for etiological risk has emphasized the etiological importance of environmental stress. It has been characterized by attempts to conceptualize risk-related deficits in ways that do not make them unduly pathological but suggest that they can be modified. This is in keeping with the goal of delivering services to large populations who are not clinically affected in order to prevent less serious but more prevalent adverse end states. Attempts have been made also to conceptualize risk-related deficits that might translate easily into intervention components and that are conducive to quantification so as to be capable of reflecting change attributable to interventions. Consistent with those assumptions and expectations, attempts have been made to identify risk factors that are related either to evaluated levels of stress or to adaptive as compared to maladaptive stress responses.

The For Whom of Prevention: Identification through Demographic Risk Factors

Empirically obtained relationships between stressful life events and various types of dysfunction have been consistent but fairly low in magnitude. According to Rabkin and Struening,[5] correlation coefficients obtained across different studies have averaged about .30, meaning that cumulative life change can be said to account at most for about 9 percent of the variance in reported symptomatology. Partly for this reason, correlates and potential mediators of life stress have been investigated with the goal of adding clarity and precision in the prediction of disorder onset.

Several epidemiological surveys of adult[6] and adolescent functioning[7] and some longitudinal studies[8] indicated associations between low socioeconomic status (SES) and maladjustment. During the twentieth century in the United States, particularly in urban areas, low SES has been characterized largely by ethnic minorities whose immigration was relatively recent. At any given time, not surprisingly, among the relatively recently arrived ethnic minority groups the distribution of mental disorders was overrepresented.[9] Thus, recent studies have found significantly higher rates of maladjustment among Hispanic as well as black populations than among other populations.[10]

A causal explanation for the relationship between low SES and mental disorder is that adjustment versus maladjustment is subsequent and, at least in part, consequent to SES because stressful life events are more prevalent in the lower social classes. This interpretation, typically called the social causation hypothesis, is supported by findings of higher rates of cumulative life change in populations of lower SES adults[11] and children[12] than in their respective higher SES counterparts. Several analyses conducted by Dohrenwend and Dohrenwend,[13] in which rates of psychological disorders were compared among ethnic minorities and non-minorities in low and middle SES groups, also support the social causation hypothesis. Specifically they found that low income was more predictive of disorder than ethnic minority status.

Low SES has been found to be related not only to stress and disorder, but also to relatively poorer service delivery.[14] In particular, children belonging to low income, ethnic minority, and inner-city groups may experience elevated levels of stress, and thus these groups represent both high-risk and underserved populations.[15] Therefore, low-income children may be especially appropriate targets for preventive interventions.[16]

Demographic data by which appropriate intervention targets are identified do not necessarily indicate what form(s) the interventions might take. For this latter purpose, attempts have been made to identify psychosocial assets that might mediate the deleterious effects of stress in the adaptive stress response. Once identified, such assets might be enhanced among groups who seem deficient in them or who tend to experience higher levels of stress, both of which appear to characterize lower SES groups.

The What of Prevention: Identifying and Modifying Psychosocial Risk Factors

Because estimates of the magnitude of relationship between stress and maladjustment have been statistically significant, but fairly low, and because questions remain regarding the mechanism of the low SES maladjustment relationship, many investigators have sought to identify variables of a psychosocial nature that may play a mediating or buffering role.[17] Social and personal assets such as social support and coping skills or styles may mediate particular stress episodes by altering the individual's sensitivity to or perception of the stressor.[18] Persons who lack such assets may respond more adversely to stress. The potential that the buffering hypothesis gave for understanding adaptive versus maladaptive stress responses and for translation into prevention strategies provided the impetus to develop measures to tap various dimensions of psychosocial assets. In particular, these have included social support, social competence, and locus of control.

Social Support

Following initial definitions of social support as having preventive and/or curative psychological value,[19] different ways have been used to make it operational and to measure it. For instance, social networks refer to the social connections between an individual and those in his or her social environment. Networks are typically described in terms of structural and functional characteristics such as size, composition, and type of support (e.g., material and/or emotional, sometimes called tangible or intangible). Social network characteristics have been found to differ between relatively well and poorly adjusted normal individuals[20] and between medical and psychiatric inpatients.[21]

In contrast to structural network characteristics, indices of support satisfaction or perceived social support have been used to reflect the subjective impact that network members have on an individual. Procidano and Heller[22] defined perceived social support as the extent to which an individual perceives that his/her needs for support, information, and feedback are fulfilled.[23] They also distinguished between perceived support from family and from friends. For example, among college students, low perceived family support was found to be more strongly related to indices of psychopathology,

while perceived friend support was more strongly related to social competence. Additional empirical validation for distinguishing among different soures of support has been provided by Cauce et al.[24] who found that dimensions of family, formal, and informal support were differentially related to perceived social support and to adjustment in high-risk adolescents.

Moos and his colleagues[25] have provided conceptualizations and measures of several salient aspects of social climates — such as family cohesion, expressiveness, and conflict — and work involvement, peer cohesion, and supervisor support. Such characteristics of social climates have been found to promote growth in that the respective indices are related to individuals' morale, satisfaction, independence, and competence. In particular, data regarding social cohesion have indicated that environments with cohesive relationships may increase perceptions of support and foster personal growth and adaptation.[26]

Proponents of the community movement in mental health service delivery[27] have described in theoretical terms the psychologically protective value of social ties. They provided a value-related rationale for mobilizing naturally occurring support networks as a means of prevention. In addition, some available epidemiological data indicated interesting findings about natural social relationships and support-seeking. One such finding was a relationship between social connectedness and personal adjustment, suggesting again that social ties might enhance psychological well-being. Another finding referred to preferences for helpers in times of difficulty. When interviewed about real-life problems they had experienced and asked to whom they went for support and/or advice, the majority of interviewees indicated natural or informal helpers, such as neighbors and friends, as well as doctors, or clergy, as opposed to psychiatrists or psychologists.[28] This pattern seems to be especially true for members of ethnic minorities, such as Hispanics, among whom service utilization rates are particularly low,[29] and who may tend to avoid institutions with cultural and religious values incongruent to their own.[30] Evidence of governmental recognition of the importance of natural or indigenous helpers as sources of support and role models emerged in the early 1960s when antipoverty campaigns and community mental health centers used indigenous paraprofessionals as links to local communities.[31]

Social Competence

The study of social competence developed also from goals of generating etiological theories regarding the onset of psychological symptomatology and of implementing preventive strategies to help young people deal effectively with stress, thus reducing the incidence of malajustment. Initial studies of social competence were designed specifically to address questions regarding the etiology of schizophrenia. Efforts have been made within a community orientation to investigate deficits that might indicate risk status for forms of psychopathology, that is, undesirable end states, that are less serious but more prevalent than schizophrenia. Such efforts have been guided by an expectation that in general psychosocial competencies are important to psychological growth,[32] and that refining definitions of competence or skill-deficits might help to identify children at risk, and might inform practitioners as to the content of preventive interventions as demographic indices alone do not.

Among the earliest studies emerging from a community orientation which sought to identify and modify behavioral and cognitive deficits in maladapting children were those conducted by Cowen and his colleagues.[33] In these early studies, maladapting children were identified not by use of rating scales which investigate psychometric characteristics, but by a combination of parent, teacher, and peer nomination, as well as more traditional psychological evaluation procedures. Identified students were red-tagged, that is, red tags were placed on their academic files[34] and preventive interventions were planned and instituted in the school setting. Long-term follow-ups indicated that the group of red-tagged children, compared to other children, contained a higher proportion of individuals seen several years later at mental health facilities. However, the majority of red-tagged children were adjusted as adults, according to the criteria that were utilized.[35] Therefore, such methods of identifying children appropriate for secondary-prevention activities may be said to contain an error of overinclusion, usually called an over-prediction bias; however, they are consistent with goals of minimizing labeling effects, in which identified children are seen by others as deficient or deviant because of their receipt of services.

Probably the most investigated operationalization of social competence is the social problem-solving skill, including means-end thinking. This skill dimension refers to the ability to articulate alternative means for solving interpersonal problems.[36] Problem-solving skill typically is assessed by the number of distinct and relevant solutions that an individual can generate to hypothetical, age-appropriate problems, and has been found to be related to

adjustment in children[37] and in adolescents.[38] In studies of a range of clinical manifestations, means-end thinking scores have been found to differentiate between groups of impulsive and non-impulsive adolescents,[39] depressed and non-depressed university students,[40] and psychiatric and non-psychiatric groups.[41]

Locus of Control

In contrast to other hypothesized stress mediators, locus of control refers more to a characteristic disposition or trait. As a construct, locus of control (sometimes called locus of control of reinforcement) refers to an attributional style, according to which individuals interpret the causes of events. An individual with relatively internal locus of control is said to perceive himself or herself to be in control of events and their outcomes. In contrast, an external is said to attribute success or failure to external factors, such as fate or chance, rather than to his or her own efforts or abilities.[42] In later laboratory investigations, Lefcourt[43] found that externals reported more anxiety when stressed than internals did. In a related way, the potential of internal as opposed to external locus of control in mediating the adverse effects of life stress events has been studied by a number of investigators. Johnson and Sarason,[44] for instance, found that frequency of occurrence of negative, that is, undesirable, life events was correlated with psychological disorder among externals, but not among internals.[45] Such a finding is typically interpreted to mean that internals perceive themselves as having more control over negative events and, in turn, this perception of control leads to lower symptomatology. Thus, externality may be considered a risk factor in that it may contribute to maladaptive stress responses and subsequently to psychopathology.

The nature of locus of control has been studied extensively in adults[46] and subsequently in children using measures with age-relevant items.[47] Although locus of control has not been articulated directly into intervention components as, for instance, problem-solving skill has, research regarding the relation of internality to other indices of adjustment has underscored the potential utility of providing intervention recipients with experiences that might lead to self-perceived mastery and competence. In order to assess the effectiveness of such experiences, a measure of locus of control is an appropriate outcome criterion. For instance, Cowen[48] studied the impact of a summer-camp experience that emphasized cooperative, team projects, and positive reinforcement. His subjects were inner-

city minority boys. He found that participation was related to a significant increase in internality.

Because of the value of altruism vis-a-vis individual competence and societal well-being, some investigations have focused upon ways in which particular types of interpersonal experiences might enhance altruistic behavior. Yarrow and colleagues[49] found that altruistic behavior among children is influenced in part by the availability of adults who behave altruistically, by expectancies of reward for altruistic behaviors, by cognitive and social skills, and by perceived norms for taking responsibility. Consistent with the importance of observation, provisions of adult models in a nurturing environment were found to be effective in increasing children's altruistic behavior.[50] Consistent with the importance of cognitive and social skills, Ianotti[51] found that training children in role-switching, that is, attempting to understand the perspectives of others, also led to increases in altruistic behavior. Based upon the rationale for studying both the natural development and the facilitation of altruistic behavior, it appears that this dimension of social behavior is a useful pathway for integrating children with their social environments and a useful index for evaluating the effects of such efforts.

The How of Prevention: Issues in Evaluating Prevention Programs

From an abstract empirical perspective, there are certain ideals that are approached in the design of an adequate program evaluation. Such ideals arise from current notions about what makes a good, that is, interpretable, experiment. Because of the practical realities of applying laboratory methodology to programs, often already ongoing, in natural community contexts, program evaluations often are quasi-experiments rather than true experiments.[52] Thus on a more tangible level, the interface between the development and evaluation of prevention programs means using laboratory-derived methods in settings which are by nature variable and unstandardized.[53] Decisions, including compromises, that are made in this process influence, on the one hand, the extent to which control can be imposed within the program and the evaluation process and hence the causal interpretations that can be made regarding a program's effects. (Such issues relate to the internal validity of the evaluation.) On the other hand, the same decisions influence the extent to which the program as evaluated might be representative of

the way the program usually is, or might be representative of similar programs that exist or might be instituted. Such issues relate to the external or ecological validity of the evaluation. Since both internal and external validity cannot be maximized simultaneously, the balances that are chosen influence the correct interpretations that can be made regarding the effects that are observed and how the findings are generalized. Some relevant issues are discussed below.

Random versus Non-Random Assignment of Participants

A simple comparison of program participants along some dimension before treatment, compared to after treatment, is insufficient to attribute the observed change to the intervention. In order to control for other potential effects such as normal maturation or influence of having been tested more than once,[54] a between-group comparison is utilized, in which participants in the program under consideration are contrasted with another group. A true experiment involves randomly assigning each member of a group into one of a number of treatment conditions so that each individual's likelihood of placement is the same across all groups. In that way, treatment condition is a true independent variable, and so between-group differences observed after treatment can be attributed to treatment differences with more confidence. Given maximum interface between program implementation and evaluation, a waiting-list control group might be used. In natural settings, however, subjects often are "assigned" to treatment settings by themselves, their parents, or school systems rather than by the evaluator. Thus it is the evaluator's task to identify a suitable (usually meaning demographically and experientially comparable) comparison group as opposed to control group. One possible candidate might be a no-treatment comparison group, In this case, however, differences between the groups might be attributable to (1) the beneficial effects of the particular program under evaluation, (2) non-specific influence of participation in any program, or (3) antecedent motivational and/or cultural differences related to status as a joiner or non-joiner.[55]

The Influence of Antecedent Subject Characteristics

Between-Group Differences. In the above examples, antecedent characteristics of the subjects might account for observed differences in outcome. For this reason, the most appropriate type of comparison

group is another comparable program which draws similar participants, so that random assignment is approached. In this case, postintervention differences between groups might truly reflect their differential effectiveness. Therefore, assuming that dimensions of similarity and differences between the programs cannot be controlled, they should be understood and described as fully as possible. In this example, the rival hypothesis of joiner versus non-joiner can be considered minimized to the extent that entry criteria are similar in the two programs.

In such a case of non-equivalence of groups, however, it becomes very important for the evaluation to attempt to assess the extent to which antecedent subject characteristics differ between groups and so might have influenced the outcome. For instance, attributes such as higher SES and better antecedent adjustment have been found to contribute to positive intervention outcomes.[56]

Because of the potential contributions of program evaluations, many investigations have warned against failing to evaluate and against prematurely dismissing evaluations as uninformative, because of limits in the comparability of the control group. According to Campbell and Stanley, "the addition of even an unmatched or non-equivalent control group reduces greatly the equivocality of interpretation."[57]

Within-Group Effects. Another important reason for examining antecedent subject characteristics is to look at their potential contribution to outcome within a particular treatment modality, that is, through multiple regression. In many evaluation studies, outcome criteria show considerable variability, indicating that some subjects have improved while others have deteriorated or remain unchanged along particular dimensions.[58] Identiying subject characteristics, including demographic attributes, such as sex, age, or SES, that are related to positive outcome can indicate subgroups for which the program is most effective and, therefore, potentially most appropriate.

Program Contents and Therapeutic Process

A case has been made throughout this chapter for choosing program components according to hypotheses about the etiology of maladjustment. One approach to program development involves multiple comparisons of separate and joint effects of such components. Typically, however, programs consist of packages in which multiple components are used simultaneously to respond to risk factors assumed to converge in the target population, as described

previously. When preliminary outcome data appear favorable, a subsequent empirical approach of systematic program dismantling might be used to identify the active treatment ingredients.[59]

Yet another strategy which probably has a longer history, is the systematic examination of therapeutic process. In some early studies of psychotherapy outcome, for instance, rates of patients' self-disclosure and/or therapist warmth were investigated because of their potential relevance to patient improvement.[60] Process studies involve careful recording of what happens in the course of an intervention, typically in the form of frequencies of particular types of behaviors, such as dimensions of therapist activity, patient activity, and contingencies between the two. According to Orlinsky and Howard,[61] such contingencies between therapist and patient behavior may indicate relationship cohesiveness and, hence, be important in predicting positive therapy outcome.

Process studies are important in understanding the nature of therapeutic change, but also they are complex undertakings, involving all the facets of any complete behavioral observation. First, an observation system must be designed so that each instance of relevant behavior is classifiable into one of potentially many mutually exclusive and collectively exhaustive categories. Thus either at fixed intervals or at the initiation of each participant's verbal or non-verbal activity, two consecutive decisions must be made: first, did a relevant behavior occur and, second, what specific type of behavior was it. The observation system must be taught to enough observers to accommodate observation and recording of all relevant data, as well as estimation of interrater agreement or reliablility.

Typically, observers are trained to a fairly high criterion of accuracy, and subsequently their rate of agreement with each other is estimated, in order to draw simultaneous inferences regarding the adequacy of the classification system and the accuracy of observation.

On some occasions, the observation process can be accomplished with the use of audio or video recording and subsequent viewing or listening tapes. However, on the other occasions, such as in the present evaluation, the use of recording equipment may be impractical because of the large number of individuals observed or because of reactivity that may be involved. Reactivity refers to subjects' behaving in ways that are not truly representative of their typical behavior, because of their discomfort or unfamiliarity with the observers or recording equipment; it can result in the collection of non-representative data and generate inaccurate conclusions.

It is believed that some observational procedures maximize representativeness of data more than others. For instance, naturalistic observation, that is, observation of individuals in their usual

environments as opposed to controlled or contrived settings, has been found to decrease reactivity as has the use of participant observers.[62] These issues clearly relate to the external validity of evaluations in contrast to internal validity, which has been emphasized more in this discussion. Concerns about the external validity of program evaluations arose along with emphases upon the importance of natural behavior settings as contexts for therapeutic interventions,[63] particularly community-oriented preventive interventions.[64]

The Temporal Context of Evaluating Prevention Programs

A final question is: if program contents are guided by risk factors that characterize the target population, how much antecedent epidemiological data are required before prevention programs are instituted? On the one hand, a case has been made here that, as available, such data should be utilized to the extent possible to inform the process of program development. On the other hand, an awareness of human need often militates against waiting for more and more refinement in such data before intervening. In fact, some investigators have explained that well-designed program evaluations can themselves provide useful etiological inferences.[65] For instance, suppose the prevalence of some dimension of maladjustment were estimated at a certain level in a particular population, and then, based upon well-grounded etiological hypotheses, a prevention program were instituted. Suppose further that in an assessment of the program's effectiveness, the prevalence of the same maladjustment outcome were observed to be lower among program participants than it had been before the program had been instituted. In contrast, the prevalence in some comparison groups had not changed. This approach, sometimes called experimental epidemiology, has the potential of yielding more definitive interpretation about the onset and prevention of psychopathology than purely correlational data.[66]

In other words, because of compelling human need, prevention programs exist concurrently with developments in the refinement of conceptualizations and measurements of relevant psychological constructs and with collection of relevant epidemiological data. This is the context in which the evaluation of Unitas was undertaken.

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3

DESIGN AND METHODOLOGY OF THE EVALUATION

In this chapter we shall present the design we used to evaluate Unitas — what information we collected, from whom it was obtained, and how we obtained it. The three primary phases of the evaluation included: (1) a descriptive sociodemographic, psychosocial, and academic study of Unitas children in May-June 1983; (2) a psychosocial longitudinal comparison of Unitas and Police Athletic League (PAL) youngsters, conducted first at the beginning of July 1983 (pretest) and then again at the end of August 1983 (posttest); and (3) a behavioral assessment process study of the Unitas circle meetings carried out during the six-week summer program of July-August 1983. For clarity of presentation, discussion of the evaluation methodology is organized around these three components.

Descriptive Study of Unitas Children

In May-June 1983, we implemented the initial phase of the evaluation by gathering data that enabled us to learn who were the children of Unitas. This phase involved three concurrent facets — sociodemographic data, psychosocial assessment, and academic information — which are considered below.

Sociodemographic Data

To obtain basic data concerning Unitas members, we constructed a sociodemographic form containing questions regarding time and age when the child first entered Unitas, current age, sex, race/ethnicity, referral source, parent(s) with whom the child resided, total number of persons and number of siblings in the child's natural family, parents' occupations (subsequently scored according to Hollingshead's four-factor index of social status — a revision of Hollingshead's 1957 *Two Factor Index of Social Position* expanded to include marital status, sex, and additional occupations), school grade, type and name of school the child attended, Unitas activities in which the child was involved, the name of the surrogate parent of

the child's symbolic family, number of teenagers (over age 12) and number of children (younger than age 12) in the child's symbolic family, and number of Unitas circle meetings attended by the child during the 1982-1983 program year. Although the form was designed originally to collect information about past Unitas children as well, insufficient Unitas records were available on youngsters from previous years to allow such retrospective analysis. In addition, in anticipation of the second phase of the evaluation, we constructed the form to be applicable for the upcoming study comparing the Unitas summer-program children with a group in the local PAL program.

There were three steps in collecting information for each Unitas child. First, the field coordinators for the evaluation (three advanced graduate students in community psychology, anthropology, and Latin American history) examined records for all youngsters aged 5 through 14 then in Unitas. Second, in cases where records proved insufficient to complete the form, Unitas staff were requested to supply missing data. Third, in those few instances where gaps still remained, the children themselves were asked for this information during the psychosocial assessment by our undergraduate research assistants. This process provided a data set on 117 children.

Psychosocial Assessment

Simultaneously with the gathering of the above sociodemographic information, the research assistants conducted psychosocial assessment interviews with the same 117 children. Each child's parent was requested to read and sign consent forms explaining the evaluation's goals and procedures, the safeguards placed upon the data, and the parents' and children's rights. After a consent form was signed, each child was individually given a battery of psychosocial measures tapping the following areas: locus of control, cohesion, problem-solving ability, perceived social support, and altruism. As noted in Chapter 1, the instruments had been translated into Spanish and retranslated into English by our Spanish-speaking field coordinators in order to establish a valid Spanish version of each. The measures were given orally in the child's preferred language; 96 percent chose English and 4 percent Spanish. Administration of the form took approximately 45 minutes and occurred in the recreation periods following the circle meetings. To teach the procedure of conducting the assessment interviews, we and the field coordinators gave two training sessions to the 17 research assistants, mostly Fordham University undergraduates supplemented by other interested young adults. The training sessions combined lecture, discussion, practice as assessor, role-playing as assessee (the Unitas

child), and coaching and feedback from the trainers.

The measures employed were: (1) the Nowicki-Strickland Locus of Control Scale-Short Form[1]; (2) a variant of the Social Cohesion Scale of the Family Environment Scales[2]; (3) a shortened version of the Open Middle Interview[3]; (4) the Social Support Scale for Children[4]; and (5) and altruism measure derived from Ianotti.[5] Each meaure is described below:

Nowicki-Strickland Locus of Control Scale. The Nowicki-Strickland scale was created to measure locus of control of reinforcement, that is, the perception of a causal connection between one's behavior and subsequent events. Persons with an internal locus of control are defined as believing that outcomes are largely dependent on their own actions, whereas those with an external locus of control tend to feel that events occur mainly because of luck, chance, fate, powerful others, or are unpredictable.[6]

Because of Unitas' emphasis on instilling in its members the idea that they can make things happen in their lives, it was deemed desirable to include a children's locus of control measure in the evaluation. To use our limited time with the children most efficiently and to prevent their fatigue, we decided to employ Nowicki and Strickland's 19-item short form of their original 40-item instrument. Representative questions included: "Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?" "Do you feel that when you do something wrong there's very little you can do to make it right?" Each question is answered "yes" or "no" ("yes" rated higher), with a higher total score representing greater externality. To maximize the equivalency of meaning between the Spanish and English versions, two of Nowicki and Strickland's original items were reworded slightly.

Reliability data on the short form were presented by Superka and Harms[7] who used a Kuder-Richardson coefficient as a measure of the test's internal consistency — the extent to which different parts of the test produce the same results — and a test-retest coefficient as a measure of the extent to which repreated administrations of the test to the same group of people produce the same results. The Kuder-Richardson coefficient was .71 and the test-retest coefficient was .63 over eight weeks when they tested 327 elementary school-age children. Stone[8] reported a test-retest coefficient of .59 over 12 weeks for 77 children aged 10 and 11. In addition, the Nowicki-Strickland Scale has demonstrated strong construct validity (the degree to which a test measures the trait or theoretical construct it claims to measure), having been found to be related to a host of other variables in a theoretically consistent manner. For example, an internal locus of control has generally been reported to correlate with higher social class and higher academic achievement[9] and with greater persistence.[10]

Social Cohesion Scale. To obtain an indication of how cohesive each Unitas child perceived his/her Unitas family to be, we selected four items from the Social Cohesion Scale of Moos' Family Environment Scales. The original scales were constructed by Moos to "identify the unifying dimensions of family interaction."[11] In the current evaluation, we modified the wording to make the items applicable to the children's Unitas families rather than to their natural families. Illustrative items are: "My Unitas family members really back each other up." "The members of my Unitas family really help each other." The items are answered "yes" or "no". We included cohesion not only for its own value as an outcome variable, but also because we hypothesized that it might serve as a mediating variable through which Unitas participation indirectly produced change on other dimensions. That is, the bonding that exists within each Unitas family could be the mechanism through which its members increased their altruism, problem-solving ability, and so forth.

Open Middle Interview. Research during the past decade has indicated that the problem-solving skill of children often bears a significant relationship to their psychological and social adjustment[12] and that the ability to generate alternative solutions to problems is a crucial component of such skill.[13] Since one of the Unitas goals is the enhancement of its members' problem-solving competence, we included an abbreviated version of Polifka et al.'s 1981 Open Middle Interview.[14] In this procedure, the child is shown a picture of a youngster facing a problematic situation. The child is asked by the examiner to think of "all the different things that the youngster in the picture could do" to solve the problem; a cue card containing this phrase is placed next to the picture. The child is then asked to select the best solution from among those he/she has suggested.

In our version of the Polifka et al. interview we used two of four situations, the first involving a boy or girl who is being teased because of his/her haircut and the second involving a youngster who has lost a toy that he/she has borrowed from a friend. Male interviewers were given cards involving male characters, while female interviewees were given cards with female protagonists. Four scores were obtained for each item: (1) number of alternatives generated (e.g., "buying the friend another toy" or "giving the friend one of your toys" for the second item; (2) solution variants — variations on ideas contained in an earlier solution to that problem (e.g., "go play baseball," in response to the teasing in the first item would be a variant of "go play basketball" if that had already been offered as a response); (3) irrelevant responses, such as denials that a problem exists (e.g., "she thinks they aren't really teasing her") or vague statements (e.g., "do something else"); and (4) effectiveness of the solution selected by the child as being the best for each item,

effectiveness scored on a five-point scale by raters.

Two graduate student coders, employing Polifka et al.'s manual, rated effectiveness and categorized each response as an alternative, a variant, or irrelevant, for all children. This procedure resulted in total alternative, variant, irrelevant, and effectiveness scores for the two items. Interrater reliability for classification of the responses into the three categories was .79; for effectiveness of the best solution it was .93; these were similar to the interrater percentage agreements of Weissberg et al.[15] (1981). Because Weissberg and his colleagues had reported the Open Middle Interview to be a sensitive detector of change produced by social problem-solving training programs, we hoped that it might also prove valuable in assessing the impact of Unitas on such competencies.

Social Support Scale for Children. As noted previously, the extent to which one feels socially supported has been found to be an important moderator of environmental stressors. For this reason and because two of the aims of Unitas are the development of the ability to make friends and being an emphatic listener and helper, our psychosocial assessment battery contained a measure of social support. Gesten's Social Support Scale for Children[16] involves presenting the child with nine situations and requesting him/her to list the names of all the people (and their relationship to him/her) he/she would go to for help in dealing with each situation. For the first three names offered in response to each situation, the child is then asked to show, by pointing to one of five faces, how he/she usually feels (that is, degree of satisfaction) after he/she has gone to that person for assistance. The five faces, which range from a deep frown to a broad smile, are accompanied by the labels "makes me feel not so bad," "makes me feel okay," "makes me feel good," and "makes me feel great."

For the present evaluation we employed four of Gesten's situations; an example of one of these items is: "You felt sad and wanted help feeling better. Who would you go to?" The Social Support Scale for Children was scored for (1) total size of support network (total number of persons named, Unitas and non-Unitas) across the four items; (2) number of persons named who were associated with Unitas; and (3) satisfaction with social support network. Alpha coefficients, calculated to assess item-total reliability (the extent to which responses to each item agree with responses to all four items) averaged .90 for total size of network and .81 for perceived satisfaction with network.

Altruism Measure. Following administration of the measures of locus of control, social cohesion, problem-solving, and social support, the psychosocial assessment session ended in late afternoon with the child given the following task orally in English or Spanish:

"Here are seven pieces of candy. You can have as many of the pieces as you want for me to give to another Unitas boy/girl who isn't here today. So _____ (child's name), you can *eat all* of the candy, or you can *leave some* of the candy, or you can *leave all* of the candy." The interviewer then used a hand gesture to show the child that he/she should make his/her selection.

This measure, intended to assess altruism — helping behavior without the expectation of reward for oneself — was based on that of Ianotti,[17] the only difference being that in the latter, the interviewer talked about a poor boy whose birthday was nearing (as opposed to a Unitas child) and left the child alone to decide in private, whereas in our study the child decided in the presence of the interviewer. The number of pieces of candy left for the other child is the altruism score. We included this measure for several reasons. First, altruism should be a logical end-product of a program such as Unitas which strives to develop empathic sensitivity, social support, and effective problem-solving. Second, this task, being a behavioral one, provided a different mode of assessing psychosocial functioning than the other self-report measures in our battery.

Performance of children between ages 4 and 12 on this measure has been found to correlate positively with their teachers' perception of their generosity and kindness and negatively with their perception of competitiveness, aggressiveness, and quarrelsomeness.[18] In addition, Midlarsky and Bryan[19] reported a positive relationship between the extent to which youngsters shared when an interviewer was in the room (similar to the present evaluation) and the extent of sharing when the youngster was alone in the room (as in the Ianotti task).

Assessment of Academic and School Behavior

Ideally, a profile of any group of children contains information about their functioning in all major spheres of activity. Assessment of certain highly desirable areas, e.g., functioning of Unitas children within the context of their natural families, was considered unfeasible at that time. However, we were able to gather data for a significant number of children in another important area of their lives, namely their school performance. Sixty-seven of the youngsters attended a K-8 parochial school in the Longwood/Hunts Point section. To find out about these children's behavioral and academic performances without singling them out, we asked the teachers in that school to provide the requested information on all their pupils (the 67 Unitas members and 260 non-Unitas children attending the school). Besides avoiding stigmatization and labeling of the Unitas youngsters and minimizing response biases, this approach produced a naturally existing group of children with whom we could compare the Unitas members. Thus we could look at the school performance of

each Unitas child not only in and of itself but also in relation to that of his/her classmates.

Two types of data were obtained: (1) measures of functioning and behavior reflected in the children's records, i.e., commonly accepted concrete criteria of school performance, and (2) teachers' ratings of the children's behavioral strengths and weaknesses, i.e., their perceptions of the youngsters' social/interpersonal behavior in the classroom. From school records, the teachers noted, for each pupil, grade point average for that semester, number of absences, placement in special education classes or other remedial programs, retention in grade, reading and mathematics achievement test scores,[20] I.Q. score,[21] disciplinary infractions, conduct, and effort/motivation.

The two teacher-rating scales employed were the Health Resources Inventory (HRI)[22] (Gesten, 1976) and the AML.[23] Both have established psychometric properties of reliability and validity and have been utilized extensively in studies of pupils from a variety of populations. Each is discussed below.

Health Resources Inventory (HRI). The 54-item HRI is a measure of pupils' competency-related behavior. For each item, the teacher rates the student on a five-point scale, ranging from 1, not at all, to 5, very well. The HRI is unusual in that, unlike most teacher-rating scales which assess youngsters' inadequacies and problems, it examines strengths and positive behaviors. Because of Unitas' preventive and early interventive focus on developing competencies rather than remediating deficits, we believed that such an instrument was particularly appropriate for our evaluation.

Factor analysis of the HRI by Gesten indicated that the items clustered into five factors: (1) good student, items concerned with effective learning, e.g., interest in schoolwork; (2) gutsy, items indicative of adaptive assertiveness, e.g., ability to question rules that seem unfair or unclear; (3) peer sociability, items measuring effective interpersonal functioning, e.g., number of friends; (4) rules, items assessing the pupil's ability to function within the constraints of the school setting, e.g., acceptance of legitimate imposed limits; and (5) frustration tolerance, items reflecting the pupil's ability to cope with failure and other social pressures, e.g., acceptance of things not going one's way. In the present evaluation, factor analysis of the ratings by the authors yielded a five-factor structure similar to that of Gesten. The HRI was found to differentiate between normal and disturbed youngsters aged 6 to 11 and among three competency levels (most, middle, and least) in a normal elementary school sample.[24] A test-retest reliability of .87 over a six-week interval was reported by Gesten.

AML. The 11-item AML assesses children's problem behaviors in three areas: (1) acting-out and aggression; (2) shyness and anxiety; and (3) learning difficulties. For each item, the teacher rates the student from 1, never, to 5, most of the time. The AML provides a quick but valid way to assess maladaptation in elementary school pupils.

Factor analysis[25] revealed a three-factor solution reflecting the three categories in the previous paragraph. In addition, Cowen found test-retest reliability over two weeks to be .85. The AML has been reported to correlate in the .80 range with other similar measures, e.g., the Teacher Adjective Check List, and to differentiate between pupils referred to special school psychological services and those not referred.[26]

In the current evaluation, teachers, following a one-hour training session, completed the two rating scales and provided requested information on school records in June 1983. To compensate them for their time and to increase compliance, they were paid $10 per hour.

Psychosocial Comparison of Unitas and Pal Youngsters

The evaluation's second phase involved assessing the Unitas summer program youngsters and a group from the local PAL program both at the beginning and end of the six-week July-August session. PAL's emphasis was on providing its members with recreational and field trip experiences which they might not otherwise have the opportunity to enjoy. The comparison enabled us to explore changes in the psychosocial performance and self-ratings of Unitas members during the summer and to compare these changes with those of children in a program which served the same neighborhood and age group as Unitas, but did not have Unitas' counseling/psychosocial skills-training component.

During the first week of the summer session, all new members of Unitas were individually administered the sociodemographic form and the psychosocial battery by a research assistant according to the procedures detailed in the previous section. Their scores on the psychosocial battery constituted their pretest performance. For those summer program youngsters continuing from the 1982-83 academic year Unitas program, the scores from the May administration of the battery were used as the pretest indices based on our assumption of minimal change between the end of May and the beginning of July (since there are no circle meetings from mid-June to early July) and on our desire to avoid possible practice effects and the burdens of too frequent administration of our instruments. After receipt of parental consent, our research assistants administered

orally the same set of measures to the PAL youngsters, also at the beginning of July. Six weeks later, near the end of both programs' summer session, the psychosocial instruments were given again as posttest measures. This process resulted in complete data sets for 69 Unitas and 49 PAL children. (The Unitas summer program has fewer participants than the academic year program). Also, not all summer participants were available for both pretesting during the first week and posttesting during the last week because some joined later in the summer or did not attend the program's last few days.

Behavioral Assessment of the Circle Meetings

The third phase of the evaluation centered on conducting behavioral observations of the daily circle meetings during the six weeks of the summer session. Such observations allowed us to examine: (1) the process of the circle meetings, that is, what actually occurred there; (2) changes in behavior in the circle over the course of the summer; and (3) the relationship between the children's behavior in the circle and their performance on the psychosocial battery described above.

Based on our informal observations of the circle during the academic year, our discussions with Eismann and the Unitas staff and children, and our review of the literature,[27] we designed one observation code for Eismann's circle behavior and another for the youngsters'. Since we were primarily interested in those verbalizations of Eismann which requested the children to say or do something, the categories for this code, known as the Circle Observer Code, represented the ten major types of questions posed by Eismann in the circle: (1) asking who had brought new people to the group: (2) asking for information; (3) asking for opinions; (4) asking for alternative points of view and problem-solving; (5) asking for expressions of feeling; (6) asking for paraphrasing; (7) asking for repetition; (8) asking for active, nonverbal assistance; (9) asking for participation in family activity and (10) rhetorical questions.

In addition, the Circle Observer Code also included: (1) the time it took the circle to quiet down at the beginning of each session; (2) the time for the circle to quiet down after any subsequent interruptions or distractions; and (3) the number of interruptions or distractions. While these latter three categories, strictly speaking, reflected the youngsters' behavior, they were included in the Circle Observer Code because they were defined for the observer by Eismann's behavior. For example, the amount of time for the circle to quiet down at the beginning of the session was calculated by subtracting the time that Eismann assumed his "ready" position (seated with his legs crossed and hands together in what we colloquially referred to as his "Buddhist position") from the time of his first utterance.

In addition to the Circle Observer Code, a Family Observer Code was created for observation of the children's behavior. This code was composed of categories for positive behaviors that Eismann and staff hoped to see increase and negative, disruptive behaviors which they wished to see decrease. The positive categories included: (1) bringing new people to the circle; (2) giving information; (3) giving opinions; (4) giving alternative points of view or problem-solving approaches; (5) expressing feelings; (6) paraphrasing; (7) repeating; (8) volunteering active, non-verbal assistance; (9) participating in symbolic family activity; (10) raising questions spontaneously; (11) constructive achievement of group order; and (12) response to rhetorical questions. Ten of these 12 categories corresponded to categories in the Circle Observer Code. For instance, since one of the Circle Observer Code categories was Eismann's asking for an opinion, the Family Observer Code included a category for the children's giving of an opinion. Two Family Observer Code categories (raising questions spontaneously and constructive achievement of group order), though not corresponding to a specific Circle Observer Code category, were included because they reflected objectives of the program. The categories for the negative responses were: (1) gross motor (vigorous), (2) gross motor (standing up), (3) physical contact (high intensity), (4) physical contact (low intensity), (5) distraction, (6) non-directed noise-making, (7) other off-task behavior, and (8) non-compliance in symbolic family activity.

The observations were carried out as follows: Two research assistants were designated as permanent circle observers, assigned to observe Eismann during each circle. They sat facing him at the opposite end of the circle and recorded independently the content of each of his verbalizations, the time of its utterance, the category to which it belonged (this classification was done after the circle), the quiet-down time at the beginning of the circle, and the time and number of any interruptions.

The remaining research assistants were designated as family observers, with the task of observing the children in the summer program's six symbolic families. This was accomplished by assigning two research assistants to each family with more than eight members and one research assistant to each family with eight or fewer members. For the larger families, each of the two research assistants observed half of the family. For the smaller families, one research assistant observed the entire family. The family observers sat behind and slightly to the side of their assigned family, a position from which they could observe all of the youngsters assigned to them for that session. While the family observers were instructed to act in a friendly and pleasant manner with the youngsters before the start, and at the end, of each circle, they were not to interact with the

children once the circle began. These instructions, as well as the seating arrangement, were intended to minimize the effect of the observers' presence upon the children's behavior.

During the circle, each family observer noted the time of occurrence of all categorizable positive and negative responses of the children he/she was assigned to observe that day. For observation purposes, a child's positive response was defined as either nonverbal (raising one's hand) or verbal. For example, if Eismann asked the circle members for their opinions on some issues, all of the youngsters raising their hands (indicative of willingness to respond and speak) were considered to be giving an opinion since Eismann typically called upon only one or two children for the actual verbal response to a question. Thus, for the positive response categories, our coding system tallied the children's interest in participating, thereby avoiding penalizing those youngsters who wished to respond verbally but were not called upon. The Family Observer Code Rating Form also contained space for recording the names of those children who wanted to speak at the beginning of the circle and the amount of time needed for each family to follow Eismann's request for participation in a given family activity. At the start of each circle meeting, the watches of all the circle and family observers were synchronized with the watch of one of the field coordinators. These procedures were followed for all of the 24 circle sessions comprising the summer program.

The quality of one's data is dependent on their reliability, (i.e., consistency) and validity (i.e., the degree to which they measure what they purport to measure). To obtain a measure of interobserver reliability (that is, the extent to which classification of the same phenomena by two observers produces the same results), we assigned two observers to observe the same youngsters in a given family on 17 occasions occurring over 10 days throughout the summer. The observer never observed more than eight children at a time. Thus, on an interrater reliability day, a family of six children would be assigned two observers, each of whom observed all six youngsters; a family of 12 children would be assigned three observers, two of whom observed the same eight children while the third observed the other four youngsters. From these observations, we calculated the percentage of agreement between the observers for total positive and negative behaviors. For the two circle observers (whose task was to code Eismann's verbalizations), reliability was assessed by calculating the percentage of agreement between them for content, time of occurrence, and category of each of Eismann's verbalizations for the 24 circle meetings. (These reliability computations are reported in Chapter 4.)

Finally, the validity (that is, accuracy) of the family observers' coding was established by using Eismann's utterances (as coded by the circle observers) as a criterion, i.e., by comparing the family observers' classification with that of the circle observers. For example, if a child was listed by a family observer as having raised his hand to give an opinion at 4:35:20, then the coding sheets for the circle observers should have had Eismann asking for an opinion either at the same time or a few seconds earlier. To be considered as valid and thus usable for analysis, a family observer's coding of a child's positive response (except for "raising questions spontaneously," "constructive achievement of group order," and "volunteering active, non-verbal assistance") had to correspond to an accompanying verbalization from Eismann.

Prior to the beginning of the summer program, three training sessions were held to prepare our research assistants to conduct the behavioral observations. These sessions consisted of didactic instruction by us and the field coordinators concerning behavioral observations in general and the Unitas observational procedures and categories in particular, discussion, simulated circle meetings in which the research assistants practiced being circle and family observers, and feedback from us and the field coordinators. During the summer program, we met with the observer every week and a half to review the observation procedures, thereby attempting to control for observer drift, that is, the tendency to become less accurate over time if not given booster sessions; to provide feedback on the reliability of their coding; and to clarify and resolve any problems.

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4

RESULTS:
MINORITY AND RISK STATUS AND PSYCHOSOCIAL INDICES

One hundred seventy-four Unitas children were interviewed during spring/summer 1983; this figure is representative of the total or pooled Unitas population which consists of participants in the school year and summer intervention programs, as well as some children who attend both programs. The majority of these children, 93.7 percent, are Hispanic, with very few black and no Anglo children. Data were not collected for participants older than 14. Thus, the sample consisted of 92 boys and 82 girls with a mean age of about 10 years and an average completion of fourth grade at the time of the interviewing. The average household consisted of five people of whom about three were the participant's siblings.

Classroom Adjustment and Academic Performance

Of the total Unitas sample, 117 were school-year participants who were interviewed prior to June. Complete interviews and information regarding classroom adjustment and academic performance were available for 67 children or 82.3 percent of these children, who attended St. Athanasius School. (Probably because the Unitas school-year program is conducted in this parochial school, the program tends to draw participants largely from there). In the summer-intervention program, 31.4 percent of the participants attended parochial school and 68.6 percent attended local New York City public schools.

In order to make some inferences regarding the relative risk status of Unitas participants in comparison to their academic peers, teachers in St. Athanasius were asked to complete the teacher-rating forms described in Chapter 3. Research personnel subsequently coded each child as either Unitas or non-Unitas. Thus, an attempt was made to compare Unitas children to their classmates while minimizing potential response biases as well as positive or negative

halo effects. Means, standard deviation, and *t*-test comparisons regarding this academic information are presented in Table 4.1.

Table 4.1

Means, Standard Deviations, and *t*-test Comparisons: Academic and School Adjustment Variables in Unitas (Spring/Summer) Participants Attending St. Athanasius and Non-Unitas St. Athanasius (Comparison) Students

Variable	Unitas (N=67)		Non-Unitas (N=228)		±
	$\bar{X}$	SD	$\bar{X}$	SD	
Positive resources (from HRI)	169.32	46.20	186.35	41.42	2.88[c]
Negative behaviors (from AML)	24.60	8.26	21.46	7.01	3.09[d]
Number of absences	5.40	7.04	7.08	7.44	
Number of disciplinary infractions (1=none; 2= few; 3=many)	1.44	.63	1.29	.53	1.77[a]
Conduct (1-4/good-bad)	2.40	.80	1.96	.79	4.01[c]
Effort/motivation (1-4/ high-low)	2.30	.85	2.03	.80	2.46[b]
GPA	82.78	9.25	83.62	10.25	.59
Reading achievement score	4.49	2.54	4.85	2.87	.85
Mathematics achievement score	5.10	2.78	5.50	3.02	.91
IQ	103.38	12.21	101.12	11.62	1.03

[a] $p<.08$ [c] $p<.004$
[b] $p<.02$ [d] $p<.002$
[c] $p<.001$

Interestingly, no differences were obtained on indices of intellectual academic performance, including grade point average, I.Q., reading and mathematics achievement, and absences. Chi-square analysis also indicated no significant differences in the frequency or pattern of grade retentions or special education placements. However, teacher ratings indicated that the Unitas students, compared to non-Unitas students in the same school, were perceived by their teachers as having significantly fewer positive resources (HRI) and more negative behaviors (AML, and to be lower on teacher ratings of

conduct and effort/motivation. In addition, teachers showed a tendency to perceive Unitas children as involved in a higher number of noteworthy disciplinary infractions. Based upon these comparisons, it appears that Unitas participants were not intellectually disadvantaged in comparison to their schoolmates; in fact, their mean tested I.Q. of 103 is comparable to the national norm. However, in light of significant between-group differences on dimensions related to classroom adjustment, it appears that the Unitas participants were at elevated risk.

Comparison of Spring/Summer and Summer-Intervention Groups

Two groups of Unitas participants were interviewed. One consisted of a pooled sample of school-year (i.e., spring/summer) participants, and a second was of a summer-intervention group. The summer-intervention group consisted of participants for whom data were available at preintervention (spring or early summer) as well as at postintervention (at the termination of the summer program in late August).

In order to make inferences about ways in which those who participated throughout the summer differ from others, a spring/summer sample was compared to the summer-intervention group on a number of variables. A small number of summer participants (17) were enrolled at St. Athanasius School, and so academic data were available for them also.

In many ways, the summer participants did not differ from the pooled spring/summer sample; specifically, they appeared comparable in age and sex distribution, size of family, number of siblings, length of time in Unitas (by virtue of previous or ongoing participations), race, one- compared to two-parent homes, grade point average, reading and math achievement, I.Q. score, and teacher-rated discipline and effort/motivation.

However compared to the spring/summer group, the summer participants were more likely to be enrolled in public than in private schools, had fathers and mothers with lower level jobs, and were lower in overall socioeconomic status (p's $<.02$); and tended to be rated worse in conduct by their teachers ($p = .07$). School-year Unitas participants were more likely to be St. Athanasius students who, possibly, participated elsewhere during the summer. The summer participants appear to have been more economically disadvantaged and may have had more behavior problems in school (although the number of subjects upon which this last inference is based is relatively small). Thus, while the pooled spring/summer group seems to be at elevated risk compared to their schoolmates, the summer participants seem to be still more disadvantaged.

Demographic Comparisons to PAL Participants

Unitas Spring/Summer Group vs. PAL Participants

Preintervention Comparisons. The Unitas pooled spring/summer group consisted of 91 boys and 82 girls. The PAL early-summer counterpart group consisted of 101 children of whom 59 were boys and 42 girls. The statistics presented below refer to 95 PAL participants, since data for five subjects were incomplete.

The distribution of boys and sirls did not differ significantly among the two groups and the non-Unitas St. Athanasius group ($X^2(2)=3.30$:$p<.10$).

A comparison of race/ethnicity between the two groups indicates that the program contained virtually no Anglo children, but differed substantially in proportions of Hispanic and black children: Unitas: black, 6.3 percent; Hispanic, 93.7 percent; Anglo, 0. PAL: black, 61.5 percent; Hispanic 37.5 percent; Anglo, 1 percent.

The Unitas and PAL programs are physically located only several blocks apart. However, in addition to the racial/ethnic differences, the groups differed regarding school enrollment and how they became members of the respective organizations. Of the pooled spring/summer Unitas group, 53.8 percent attended public school and 46.2 percent attended parochial school. Of the PAL counterpart sample, 89.6 percent attended public school and 10.4 percent attended parochial school ($X^2(1) =32.25$; $p<.001$.

Patterns of referral sources also differed for the two groups. Although more than half of each group initiated participation by word of mouth — 57.1 percent for Unitas and 82.2 percent for PAL — Unitas showed a noteworthy number (22.6 percent) specifically referred by school teachers, compared to 5 percent for PAL.

Means, standard deviations, and *t*-test comparisons of the Unitas to early-summer PAL participants, along several demographic attributes, appear in Table 4.2. Overall, the two groups were demographically comparable, with a tendency for fathers of PAL participants to be higher in occupational status. Thus, despite a sizable difference in race/ethnicity, the preintervention groups seem to have been demographically comparable.

Postintervention Demographic Comparisons. In contrast to the preintervention comparisons, which revealed that the two groups were racially different but comparable across several other demographic indicators, postintervention comparisons revealed a much different pattern. For this purpose, the respective groups consisted only of participants who were available for testing both in early summer and again in late August. Hence they represent true summer-intervention Unitas and PAL groups.

Table 4.2

Means, Standard Deviations, and *t*-test Comparisons of Demographic Variables: Unitas and PAL Participants: Spring/Summer 1983

	Unitas (N=174)		PAL (N=96)		t
	$\bar{X}$	SD	$\bar{X}$	SD	
Age	10.07	2.71	9.83	2.25	.75
Grade	4.65	2.65	4.84	2.16	.60
Number of persons in family	5.25	1.89	5.46	2.11	.79
Number of siblings	3.34	2.43	3.16	2.13	.55
Father's occupation[b]	2.80	1.16	3.15	1.38	1.68[a]
Mother's occupation[b]	5.87	4.01	5.17	3.52	1.29

[a] $p<.10$

[b] The higher the number, the higher the occupational status.

Means, standard deviations, and *t*-test comparisons of selected demographic indices, including father's and mother's occupational status and overall socioeconomic status rating, are presented in Table 4.3. All comparisons were significant ($p<.002$) and indicated higher status for the PAL summer-intervention participants. In other words, in contrast to the early summer groups, which appeared more comparable, the Unitas group that participated throughout the summer appears to have been more economically disadvantaged than their PAL counterparts. This may be because the Unitas summer participants are a higher risk than the school-year participants. In addition, there is evidence to suggest that the PAL sample available for both testings may represent a more stable subsample of PAL participants. Specifically, PAL summer-intervention subjects (those who completed testing in early summer and late August) were higher in mothers' occupation ($p<.03$) and overall SES ($p<.06$) than those PAL members available only for pretest.

Comparisons of Psychosocial Dimensions

Unitas Summer Group vs. PAL Participants

Preintervention. Preintervention comparisons, along the dimensions reflected by the measures described in Chapter 3 were made between the pooled, spring/summer Unitas sample and the early summer PAL sample. Information regarding internal consistencies

Table 4.3

Means, Standard Deviations, and *t*-test Comparisons: Demographic Indices in Unitas and PAL Summer Intervention Participants

Variable	Unitas (N=57)		(PAL N=59)		*t*
	$\bar{X}$	SD	$\bar{X}$	SD	
Father's occupation	2.30	1.24	3.26	1.63	3.27[a]
Mother's occupation	2.23	1.45	3.67	2.02	4.06[b]
SES	2.26	1.16	3.46	1.59	4.28[b]

[a] $p=.002$

[b] $p<.001$

and interrater reliabilities is discussed subsequently. Means, standard deviations, and *t*-test comparisons appear in Table 4.4. Overall, the groups appear to have been reasonably comparable along the psychosocial dimensions investigated. Group means were similar on locus of control, as well as on four dimensions of problem-solving. Three of these dimensions reflect breadth of problem-solving response: the number of distinct alternatives provided to the two problem situations; the number of distinct alternatives plus relevant variants on those alternatives; and the total responses, which include relevant alternatives and variants, as well as irrelevent or ineffective responses. In addition, there was no difference regarding effectiveness between Unitas and PAL children prior to respective summer interventions. For each of the two problem situations presented, the child was asked to indicate which of his/her responses was the best. Members of the research team rated the quality of that response, and those two ratings were summed to obtain the effectiveness score, as described in Chapter 3.

Before the summer programs began, there were also no between-group differences along two dimensions of social support: network size, that is, the sum of names provided by the child indicative of persons to whom he/she would go in each of four situations; and support satisfaction. In order to measure satisfaction, as described in Chapter 3, each child was asked to choose one of a graded series of smile and frown faces that would reflect how he/she might feel after interaction with each of the first three persons named for each situation described. Numerical scores were subsequently assigned to the smile/frown face choices made by the child, and the satisfaction score is a sum of those.

Table 4.4

Means, Standard Deviations, and *t*-test Comparisons: Unitas and PAL Participants. Spring/Summer 1983 Pretest

Variable	Unitas (N=174)		PAL (N=96)		*t*
	$\bar{X}$	SD	$\bar{X}$	SD	
Locus of control (higher=internal)	29.83	2.91	29.24	3.01	1.58
Cohesiveness	4.25	.55	4.53	.09	3.26[a]
Problem Solving					
No. of alternative solutions	6.02	2.41	5.98	2.40	.12
Alternatives and variants	7.50	3.70	7.48	3.52	.03
Total responses (including "Irrelevant")	8.85	4.40	9.02	4.66	.29
Effectiveness score (for "best" responses)	7.91	1.43	7.77	1.48	.73
Size of social network	13.25	4.71	13.17	5.45	.12
Social support satisfaction	47.90	6.40	14.68	8.58	.23
Candy taken for self (higher=less altruistic)	3.24	2.12	4.46	2.30	4.37[b]

[a] $p<.10$
[b] $p<.001$

In contrast, there was a tendency for Unitas children to report more feelings of cohesiveness ($p<.10$). Unitas children also appeared more altruistic at preintervention, as evidenced by their taking fewer pieces of candy for themselves and leaving more for another child ($p<.001$).

Postintervention. Comparisons parallel to those described immediately above were also conducted for the respective summer-intervention groups in late August. Results of these comparisons are presented in Table 4.5. At posttest, PAL participants showed a tendency (which approached statistical significance) to provide more alternative solutions to problem-solving stories. In addition, PAL summer-intervention participants reported stronger perceptions of cohesiveness at postintervention than their Unitas counterparts ($p<.005$). Thus there is an indication that the PAL sample may have differed from the Unitas sample at postintervention based essentially upon their relatively higher reports of perceived cohesiveness and less so upon the higher number of problem-solving alternatives they provided.

On the other hand, PAL participants demonstrated a tendency, which, again, approached statistical significance ($p<.10$), to be less

altruistic than Unitas participants, as indicated by the number of candies taken for self and those left for other children. Along all other dimensions assessed, the two groups appeared comparable.

Table 4.5

Means, Standard Deviations, and *t*-test Comparisons: Unitas and PAL Participants, August 1983 Posttest

Variable	Unitas Summer Intervention Group (N=70)		PAL Summer Intervention Group (N=53)		*t*
	$\bar{X}$	SD	$\bar{X}$	SD	
Locus of control (higher=internal)	29.89	3.51	29.93	3.04	.06
Cohesiveness	4.30	.60	4.68	.87	2.86[b]
Problem solving					
No. of alternative solutions	5.68	2.27	6.48	2.75	1.78[a]
Alternatives and variants	6.48	2.89	7.53	3.47	1.74[a]
Total responses	7.47	3.39	8.47	3.75	1.49
Effectiveness	7.75	1.59	7.80	1.40	.09
Size of social network	11.63	4.63	13.04	5.11	1.50
Social support satisfaction	49.06	6.97	48.09	6.62	.91
Candy taken for self (higher=less altruistic)	4.23	2.42	4.91	2.17	1.71[a]

[a] $p < .10$
[b] $p < .005$

Unitas Within-Group Comparisons

In order to further clarify questions regarding the potential effects of Unitas and PAL summer-intervention programs, comparisons were made within each group, contrasting the respective summer-intervention subjects, that is, those available for both pretest and posttest times, as they appeared in early July and late August. In other words, the same group of Unitas summer-intervention subjects, who were interviewed for the first time in early July, was compared to itself as reflected by data gathered in late August. An identical approach was utilized with PAL participants.

A sample was obtained of 69 Unitas children who were present at both pretest and posttest and for whom data were complete. Means, standard deviation, and *t*-test comparisons for correlated samples are presented in Table 4.6. Along some dimensions, no change was observed, including locus of control, cohesiveness, problem-solving number of alternatives and effectiveness, and social network size.

Table 4.6

Means, Standard Deviations, and *t*-test Comparisons: Unitas Participants in Summer Program. Pretest and Posttest (N=69)

Variable	Unitas Pretest		Unitas Posttest		*t*
	$\bar{X}$	SD	$\bar{X}$	SD	
Locus of control (higher=internal)	29.88	2.85	29.81	3.48	.17
Cohesiveness	4.39	.65	4.30	.60	1.00
Problem solving					
No. of alternatives	6.03	2.45	5.73	2.24	1.01
Alternatives and variants	7.64	3.94	6.54	2.86	2.51[b]
Total	9.23	4.89	7.54	3.37	3.02[c]
Effectiveness	7.96	1.35	7.75	1.61	.99
Size of social network	12.48	4.90	11.67	4.65	1.45
Candy for self	3.16	2.10	4.19	2.41	3.93[d]
Overall social support satisfaction	47.37	6.70	48.93	6.93	2.12[a]
Satisfaction (Unitas friends)	47.00	8.80	50.95	7.20	2.15[a]
Satisfaction (other, including natural family	47.92	7.16	48.43	8.58	.55

[a] $p < .04$
[b] $p < .02$
[c] $p < .004$
[d] $p < .001$

Along some dimensions, significant changes were observed, but in directions opposite those that would have been expected. For instance, the number of problem-solving alternatives plus variants was lower at the end of the summer ($p<.02$). Probably as a partial consequence, the total number of problem-solving solutions also was lower ($p<.004$). Thus, although at the end of the Unitas summer intervention, children provided a comparable number of distinct problem-solving alternatives and chose best solutions that were comparably effective, they may be said to have shown a bit of verbal constriction by virtue of fewer elaborations or variants provided.

On the other hand, an enhancement in support satisfaction is shown by an increase in overall support satisfaction ($p<.04$). As detailed in Chapter 3, the interviewers had been trained to ascertain whether the friends of Unitas children indicated as providing support were from Unitas or from some other setting such as school or neighborhood. Consequently, it was possible to assess changes in

children's satisfaction with support provided by their friends in Unitas. Since there was an increase along this dimension ($p<.04$), while satisfaction with support provided by all others did not increase, it seems that the increase in overall support satisfaction is probably attributable to the Unitas-specific satisfaction increase.

PAL Within-Group Comparisons

Similar comparisons were made on a sample of 49 PAL participants who were available at pretest and posttest times and for whom data were complete. Table 4.7 contains means, standard deviations, and *t*-test results relevant to these comparisons. Along most of the psychosocial dimensions examined, no significant changes were observed. And, although support satisfaction specific to PAL friends was not assessed (as it was for Unitas participants), there was no observed change in overall support satisfaction that might reflect such a change as there was in the Unitas group.

Table 4.7

Means, Standard Deviations, and *t*-test Comparisons: PAL Participants in Summer Program. Pretest and Posttest (N=49)

Variable	PAL Pretest		PAL Posttest		*t*
	$\bar{X}$	SD	$\bar{X}$	SD	
Locus of control	29.06	2.82	29.96	3.09	1.85[a]
Cohesiveness	4.58	.77	4.69	.88	.78
Problem Solving					
No. of Alternatives	5.53	2.20	6.32	2.77	2.17[b]
Alternatives and variants	7.04	3.29	7.15	3.45	.22
Total responses	8.76	4.84	8.12	3.76	1.08
Effectiveness	7.90	1.62	7.82	1.44	.36
Size of social network	13.35	5.48	12.61	5.13	1.34
Social support satisfaction	47.16	8.36	48.48	6.65	1.05
Candy for self	4.55	2.37	5.00	2.02	1.30

[a] $p < .10$
[b] $p < .04$

On the other hand, some other beneficial changes were observed. The mean locus of control score showed a marginal increase, indicating a potential movement toward internality (although the difference between the means, as indicated in Table 4.7, is very small and the significance level borderline). More substantially, the PAL sample showed an increase in the number of problem-solving

alternatives provided ($p<.04$). Thus, while other problem-solving dimensions stayed about the same, there was a significant increase from preintervention to postintervention in ability to generate distinct and appropriate alternatives to two problematic situations.

External Contributions to Change: The Role of Antecedent Demographic Attributes

There are several reasons for investigating the potential role of demographic variables in relation to outcome. As described in Chapter 2, some available evidence indicates that psychosocial risk factors, which correspond to aspects of Unitas and are represented by our outcome criteria, covary with demographic attributes, including socioeconomic status indices. In addition, investigations of the outcomes of intervention programs have indicated that some participants change more than others or that some participants appear to improve while others may seem to deteriorate. As described in Chapter 1, such potential variability or heterogeneity in outcome may yield non-significant differences in between-group postintervention comparisons or in within-group pretest and posttest comparisons.

More relevant to this evaluation, however, is a set of findings already described here regarding the demographic differences between the Unitas summer-intervention group, on the one hand, and both the PAL summer-intervention group and the pooled Unitas spring/summer group, on the other hand. Because these two sets of comparisons indicated that the Unitas summer-intervention participants were more economically disadvantaged than the other groups, potential relationships between antecedent demographic indices and psychosocial outcome indices were examined. Preliminary observations of the data indicated that demographic indices related to socioeconomic status tended to be unrelated, or at best weakly related, to the outcome measures. Although this was contrary to expectation, it is probably attributable to the rather restricted range of values of these variables represented by this very disadvantaged population and to the limited sample size of the summer-intervention group. Subsequently, therefore, a set of demographic indices was chosen for examination in this context, including age, sex, type of school attended, and single-parent versus two-parent home. The collective relationship, or statistical contribution, of multiple, antecedent demographic characteristics to the outcome criteria examined in the Unitas summer-intervention sample was investigated. This was accomplished by performing a series of stepwise multiple regression analyses, in each of which one of the psychosocial outcome indices was used as a dependent variable (DV). In each analysis, a series of demographic indices was used as

predictor or independent variables (IVs). In keeping with the exploratory nature of these analyses, pretest levels of the respective DVs were not controlled for statistically. Because of some substantial covariation between the IVs and pretest DVs, it was believed that controlling for pretest levels of the DV might mask some potentially meaningful contribution of demographic indices.

Table 4.8 contains a condensed presentation of these analyses. In each instance, the outcome measure or DV is indicated. Then a list of variables entered is presented in the order of their relative contributions. The multiple *R* indicated next reflects the correlation between the group of antecedent demographic IVs, on the one hand, and the psychosocial DV, on the other hand. The R^2 indicates the proportion of variance of the DV accounted for collectively by the IVs entered. Only the IVs that contributed significantly to the prediction of each DV are included in Table 4.8; and an *F*-value with associated degrees of freedom and significance level, that corresponds to the last significant IV entered, is provided.

As can be seen from Table 4.8, 21 percent of the variance in postintervention (internal) locus of control was accounted for by Unitas participants' having two rather than one-parent households, age (with older children more internal), and type of school (with parochial school students more internal than public school students). Postintervention cohesiveness was best predicted by type of school and age, with parochial school students and younger children reporting more cohesiveness (R^2=.12).

Problem-solving scores had no significant demographic predictors, although alternatives plus variants and total responses showed significant decreases from preintervention to postintervention.

Social network size at postintervention was not related to demographic indices investigated; however, overall support satisfaction, which had increased significantly from preintervention to postintervention was related to type of school attended, with public school students reporting more overall support satisfaction than parochial school students (R^2=.07).

Finally altruism, which had decreased from preintervention to postintervention, was related to age and one- or two-parent status, with younger children and those from single-parent households (perhaps surprisingly) showing relatively more altruism (R^2=.25).

Covariation Among Psychosocial Indices

In order to explicate further the nature of psychosocial risk in the Unitas population, an examination was conducted of correlations among the psychosocial indices in the pooled spring/summer

Table 4.8

Regression of Selected Demographic Variables on Outcome Measures
(Not controlling for Pretest Levels of Outcome Measure)

Dependent Variable	Variables Entered	Statistical Outcome
Locus of control	Parents (2 rather than 1) Age (older) Type of school (parochial)	Multiple R =.46 R^2 =.21 F(3,59)=5.25; p<.05 (last Independent Variable)
Cohesiveness	Age (younger) Type of school (parochial)	Multiple R=.35 R^2= .12 F(2.60)=4.26; p<.05
Problem-solving alternatives Alternatives and variants[a] Total responses[a] Problem-solving effectiveness	No significant demographic predictors.	
Size of social network	No significant demographic predictors.	
Social support satisfaction[a]	Type of school (public)	Multiple R=.27 R^2=.07 F(1,61)=4.83; p<.05
Candy for self	Age (younger) Single-parent family	Multiple R=.50 R^2=.25 F(2,60)=10.16; p<.05

[a]Showed significant pretest/posttest difference.

sample at preintervention and in the summer-intervention group at postintervention. Since data regarding academic performance and classroom adjustment also are available for the pooled sample, they are included in Table 4.9 as an indication of each preintervention variable and a list of other preintervention psychosocial indices with which it was significantly associated.

Table 4.9

Significant Correlation Coefficients Between Psychosocial (Risk, Academic, and Classroom Adjustment Variables) Indices in the Unitas Spring/Summer Group (N=174)

LOCUS OF CONTROL		**PROBLEM-SOLVING ALTERNATIVES**	
Problem-solving alternatives	.17[a]	Alternatives and variants	.89[d]
Alternatives and variants	.15[a]	Total	.78[d]
Candy for self	−.24[d]	Effectiveness	.22[c]
Reading achievement[b]	.32[c]	Candy for self	−.18[d]
Mathematics achievement[b]	.33[c]	Network size	.37[d]
		Support satisfaction	.24[a]
COHESIVENESS		**PROBLEM-SOLVING EFFECTIVENESS**	
Problem Solving		Support satisfaction	.16[a]
Alternatives	−.15[a]		
Effectiveness	−.23[d]		
Network size	−.14[a]		
Reading achievement[b]	−.24[a]	**AML (BEHAVIOR PROBLEMS)[b]**	
Mathematics achievement[b]	−.31[c]		
HRI (POSITIVE RESOURCES)[b]		Grade point average	−.45[d]
AML (behavior problems)	−.74[d]	Reading achievement	−.29[a]
Grade point average	.62[d]	Mathematics achievement	−.29
Reading achievement	.30[a]	I.Q.	−.43[c]
Mathematics achievement	.26[a]	Teacher ratings	
Teacher ratings		Disciplinary infractions	.50[d]
Conduct problems	−.67[d]	Conduct problems	.73[d]
Effort/motivation	.78	Effort/motivation	.72[d]

[a] $p<.05$
[b] N=67
[c] $p<.01$
[d] $p<.001$

Preintervention locus of control scores tended to be related more to cognitive variables, including information obtained by interviewing the children as well as academic performance. Children who tended to be more internal also tended to provide more problem-solving alternatives as well as alternatives and variants ($p<.01$) to scores on standardized reading and math achievement tests. Finally,

more internal children also seemed more altruistic, as shown by a significant negative relationship between locus of control and candy for self ($p<.001$).

Cohesiveness, somewhat surprisingly, was negatively related to a variety of desirable attributes, including some of the more cognitive psychosocial measures, such as problem-solving alternatives ($p<.05$), effectiveness ($p<.001$), as well as academic performance, including reading achievement ($p<.01$).

In keeping with the notion that problem-solving skills indicate social competence, alternative scores also were related to altruism, that is, negatively related to candy taken for self ($p<.01$), as well as network size ($p<.001$) and support satisfaction ($p<.05$). Problem solving effectiveness was also related to support satisfaction ($p<.05$). Interestingly, however, the problem-solving indices were not significantly related to any academic performance or classroom behavior measures.

The HRI (positive resources) and AML (behavior problems) were related to each other in the directions that would be expected — negatively ($p<.001$) and to a variety of academic and classroom indices. Thus, children rated by teachers as higher in positive resources tended also to have performed better in school grades, reading and math achievement tests, and to be rated more favorably by teachers in areas of conduct and effort/motivation.

In a parallel way, children with more behavior problems tended to have lower grade point averages and reading, math and I.Q. scores, as well as to be rated less favorably by teachers along dimensions of disciplinary infraction, conduct problems, and effort/motivation. However, the HRI and AML were not related to the psychosocial risk indices measured by interview-based data. Table 4.10 contains significant correlation coefficients among psychosocial indices at postintervention. Probably because of the very small sample who both attended St. Athanasius School and completed the Unitas summer intervention, the pattern of relationships between academic/classroom indices and psychosocial indices that was observed at preintervention was not also present at postintervention. In addition, the indications in the overall pattern of far fewer significant correlations at postintervention than before does not seem attributable to the sample size (n=69) which, though smaller, is not too small to reflect reliable correlation estimates.

Locus of control was, somewhat surprisingly, positively related to problem behaviors (AML, $p<.05$) and not related to any other indices. Cohesiveness also was related to fewer variables at postintervention, but was still negatively related to problem-solving effectiveness ($p<.05$).

Table 4.10

Significant Correlation Coefficients among Psychosocial (Risk-Related) Indices in Unitas Summer-Intervention Group at Postintervention (N=69)

LOCUS OF CONTROL		**CANDY FOR SELF**	
AML (behavior problems)[a]	.43[b]	Network size	.30[c]
COHESIVENESS		**PROBLEM-SOLVING ALTERNATIVES**	
Problem-solving effectiveness	−.24[b]	Alternatives and variants	.92[d]
		Total	.85[d]
		Network size	.39[d]
		Support satisfaction	.28[d]

[a]N=17
[b]$p<.05$
[c]$p<.01$
[d]$p<.001$

At postintervention, children who generated more problem-solving alternatives again tended to report larger social networks ($p<.001$). And again, children who generated more alternatives tended also to report larger social networks ($p<.001$) and higher degree of support satisfaction ($p<.01$).

Although candy for self had been related negatively to locus of control and number of problem-solving alternatives at preintervention, indicating that more altruistic children tended also to be more internal and better at generating problem-solving solutions, a similar pattern was not evident at postintervention. In fact, while it might be expected that more altruistic children would tend to have more friends, the opposite was observed: candy for self was positively related to network size ($p<.01$).

The extent to which these measures are correlated or not correlated to other measures in either expected or unexpected ways needs to be interpreted in terms of several issues, including our understanding of psychosocial risk, the potential impact of the intervention (specifically in affecting these dimensions in divergent ways and hence affecting lower correlations at postintervention), and in terms of the validity of the measures that were utilized. In the following section, data pertinent to the validity of the measures utilized are discussed. In the final discussion, presented in Chapter 5, these issues will be integrated further.

Reliability Issues

Both AML and the HRI teacher-rating scales, which were utilized in this study, had been validated on samples of school-aged

children.[1] Their use in the present context was to make inferences regarding the relative risk status of the Unitas participants. It might be recalled that Unitas children were rated higher in problem behaviors and lower in positive resources than their classroom peers. Because of the importance of that inference and because information was not available regarding use of the respective measures specifically with Hispanic children, an attempt was made to ascertain whether the scales measured the same constructs among our subject pool as in the standardization samples described by Cowen et al. and by Gesten. Results of factor analyses performed on both measures indicate reasonable resemblance of factor structures.

For the AML, it was found that utilizing the method of confirmatory factor analysis, the same three (A,M, and L) factors were identified in the combined Unitas and non-Unitas St. Athanasius sample (n=292). The goodness of fit index obtained was .85 (X^2 (41) = 245.8; $p<.001$). In addition, internal consistency estimates (Cronbach's alphas conducted separately for the A and M factors (the L factor consists of only one item) were: A (5 items) = .88; M (5 items) = .79.

For the HRI, both orthogonal and oblique rotations of five factors yielded a factor structure very similar to that originally described. Gesten labelled the five factors in the order he observed: "Good Student," "Gutsy," "Peer Sociability," "Rules," and "Frustration Tolerance." In the present study, the same factors emerged though the order of importance (i.e., relative variance accounted for) was slightly different, in that factor 5 preceded factor 4. The obtained estimate of internal consistency was Cronbach's alpha = .98. Thus, both these measures appear to be tapping valid and internally reliable constructs in the present study.

The measure of locus of control utilized in the present investigation was almost identical to that described by Nowicki and Strickland;[2] however, two items were reworded slightly in order to make the English and Spanish versions more similar in meaning. Internal consistency for the measure as utilized in the present sample (based upon n of 265) was Cronbach's alpha = .52. This was considered to reflect a modest degree of reliability, and, in fact, was near the upper end of the distribution of internal consistency estimates for the Nowicki-Strickland scale obtained by Halpin and Ottinger[3] which ranged from .49 for third-grade children to .57 for sixth-grade children.

The measure utilized in the present study that involved the most modification was the index of cohesiveness. As described in Chapter 3, the cohesiveness measure consisted of four items chosen from the cohesiveness subscale of the Moos Family Environment Scale[4] on the basis of their apparent relevance to our purposes. The items were modified further so that the Spanish and English versions would be

equivalent and finally to refer to the child's Unitas family or to members of PAL. The estimate of internal consistency obtained in the present study was considered low, Cronbach's alpha = .42 (n=269).

The measure of social support used contained four of the situations in Gesten's measurement of social support for children. In this case, internal consistency estimates for both network size (based upon the number of persons named for each situation) and for all satisfaction scores were considered reasonably substantial (alphas = .84 and .76, respectively based upon an n of 174).

Since the altruism index consisted of only one response, internal consistency could not be calculated.

For the problem-solving indices, kappa coefficients[5] were calculated to reflect interrater agreement. Kappa coefficients corresponding to alternatives scored for each of the two stories at both preintervention and postintervention ranged from .90 to .95. Corresponding kappa coefficients for total responses (alternatives, variants plus irrelevant responses) ranged from .77 to .83. Overall, interrater agreement was reasonably high.

To summarize, analyses related to factor structures (of AML and HRI) and reliability estimates of the measures yielded results that were, overall, favorable. The internal consistency of the locus of control measure seemed modest, but was not inconsistent with other estimates reported in the literature. The internal consistency of the measure of cohesiveness, however, was somewhat low.

The Process Study: Examination of the Symbolic Families as Mechanisms of Behavior Change in Unitas

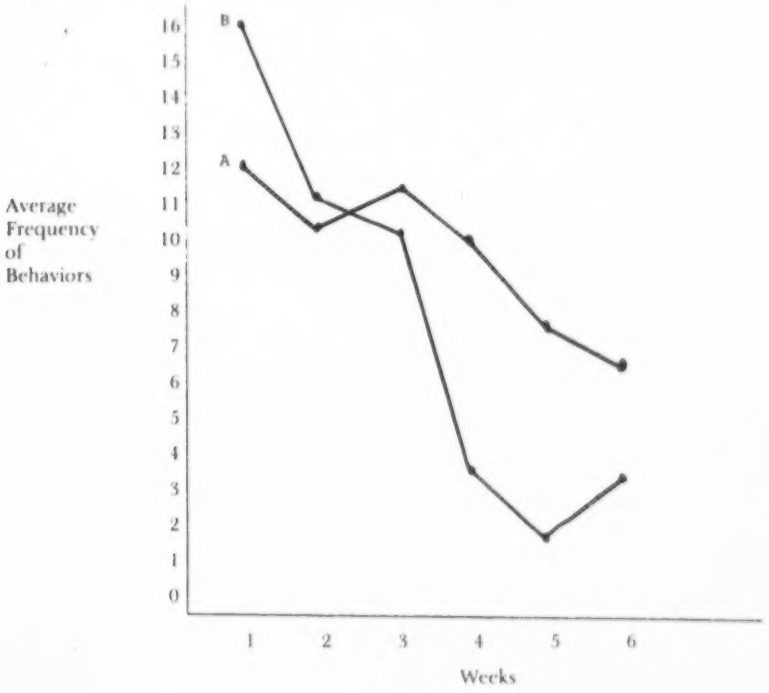
As described in Chapter 1, the Unitas model utilized symbolic families in order to mediate each child's relationships with the larger extended Unitas family. The behavioral process study involved examination of increases in positive behaviors and decreases in negative behaviors across all six symbolic families and within each family, during the six-week summer sessions. For this purpose, average weekly positive and negative behaviors were calculated. Because of the small sample sizes and the somewhat low rates of behaviors, a nonparametric technique (Spearman rho) was used to investigate potential behavior changes across the six-week summer intervention, It should be noted that this statistic is not particularly powerful in many circumstances, since it is essentially a test of rank (that is, in this case, progressive changes in rank order in behavior frequencies) rather than magnitude of change.

Table 4.11 contains descriptive data (number and average age of members) for each symbolic family, as well as rho values reflecting

degree of changes in negative and positive behaviors. Analysis of decreases in negative behaviors averaged across all families indicates a significant decrease in negative behaviors (rho = .94; $p < .05$). Examination of individual symbolic families indicates that of the six symbolic families, only one (family 2) showed a significant decrease in negative behaviors, as reflected by the method used.

Figure 4.1

Negative Behaviors During Six-Week Unitas Summer Intervention



A = Average of all families

B = Family 2

Table 4.11

Size, Mean Age, and Spearman P, Indicating Changes in Positive and Negative Behavior Frequencies, Unitas Symbolic Families.

Family	Number of Members	Mean Age Years	Spearman P: Decrease in Negative Behaviors	Spearman P: Increase in Positive Behavior
1	19	9.47	−.54	−.60
2	10	9.80	−.94	.77
3	7	9.57	−.43	.26
4	9	10.22	−.49	.37
5	26	10.65	−.54	−.37
6	7	13.14	.30	−.43

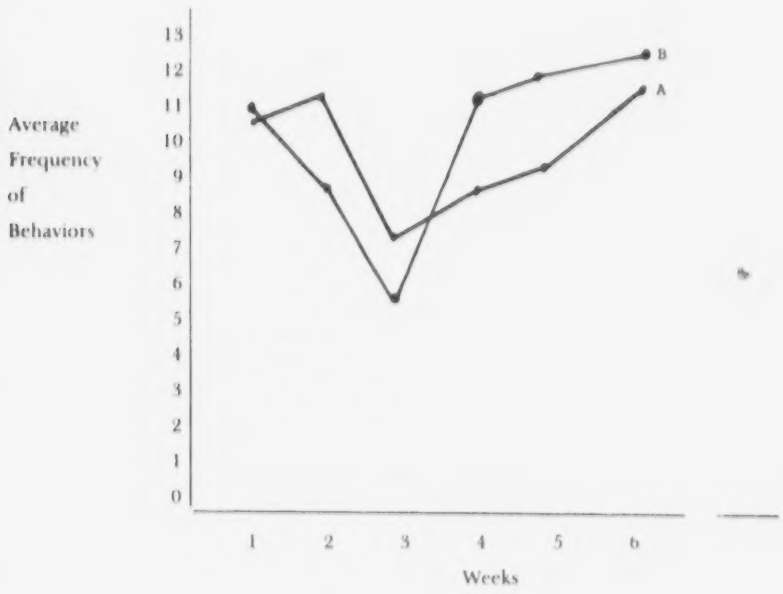
Analysis of increases in positive behaviors averaged across all families indicates a non-significant increase. Examination of individual families indicates that only one (family 2) showed a significant increase in positive behaviors.

Figure 4.1 illustrates frequencies of negative behaviors across the six-week summer intervention averaged both across all families and within family 2. Similarly, Figure 4.2 illustrates frequencies of positive behaviors for both the average of all families and family 2. As shown, overall negative behaviors decreased steadily across weeks, except for an increase during the third week. Family 2 showed a more extreme change, beginning substantially above the average and ending with a slight increase from weeks 5 to 6, but still below the family average. (It should be noted that the significance of change in family 2 cannot be attributed to the rather steep slope of behavior frequencies for each week, because the inference is based upon rank order rather then magnitude).

As indicated in Figure 4.2, the range and, naturally, the magnitude of change in frequency of positive behaviors were smaller than those corresponding to negative behaviors. Figure 4.2 illustrates why family 2 showed a significant increase in positive behaviors. Although the frequency at week 6 (12.4) was not substantially different from that at week 1 (10.9), only weeks 2 and 3 do not follow in sequence among the other weekly averages. In contrast, for the pooled family average, weeks 3, 4, and 5 are all lower than weeks 1 and 2; although the frequency at week 6 shows a recovery and some gain.

Figure 4.2

Positive Behaviors During Six-Week Unitas Summer Intervention



A = Average of all families

B = Family 2

Interrater Reliability

As described in Chapter 3, each of a large set of potential negative behaviors could occur spontaneously with the exception of voluntary non-verbal assistance, or constructive attainment of group order; however, positive behaviors could occur only in response to a direction from Eismann. Hence, the positive behavior coding by the circle observers as well as family observers could be corrected according to the circle observers' log. Thus it was expected that the latter might be associated with higher estimates of interrater

agreement. Data relevant to this issue are presented in Table 4.12. Clearly, the circle observers' agreement was quite high, and, as expected, family observers' agreement was also reasonably high for positive behaviors and somewhat lower for negative behaviors. Thus, it appears that the coding systems utilized were amenable to training and were utilized reliably.

Table 4.12

Median Percent Interrater Agreement, Behavioral Process Study

Circle Observers:	
Time (to nearest minute)	92.3%
Content	93.8%
Family Observers:	
Negative behaviors	90.0%
Positive behaviors	88.0%

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DISCUSSION:
THE PROCESS OF THERAPEUTIC CHANGE

Unitas, a preventive program for Hispanic and black youth, was developed 17 years ago by Dr. Edward Eismann in the South Bronx, New York City, to meet the needs of inner-city children who were seen as both economically disadvantaged and psychologically at risk. Like other prevention programs, Unitas is based upon expectations regarding probable causes of maladjustment. It is a multifaceted program that emphasizes a particular method — a therapeutic, extended family process. In our evaluation, we wished to explore who the Unitas participants were, the dimensions along which they gained from participation in this therapeutic community over the course of one summer, and the process whereby gain was achieved.

The Unitas Children

Unitas is composed of boys and girls from an economically disadvantaged area of the South Bronx. Almost all of the participants are Hispanic. For this reason, the findings of the program evaluation should be interpreted keeping in mind the particular acculturative demands that Hispanic children might face, even in comparison to black children. Such acculturative demands might include, for example, the acquisition of English as a second language.

The data provided by this study do not themselves suggest a reason for the almost exclusively Hispanic constituency of Unitas (in comparison to the largely black membership of the nearby PAL). In considering this Eismann suggested that in that vicinity, ethnic composition can vary considerably across just a few blocks; and that children often have a sense of "turf," and would be most likely to frequent a program very close to their own homes.

Beyond the issue of potentially greater acculturative stress experienced by the Unitas children, several specific findings served to underscore their high-risk status. When compared to their non-

Unitas classmates in St. Athanasius, the Unitas children were lower in standardized and global teacher ratings of classroom adjustment (but comparable with regard to strictly academic indices). This finding is significant because it indicates that the Unitas population may constitute a high-risk group *within* a high-risk group. Thus, while positive intervention outcomes are sometimes found to be attributable to clients' antecedent adjustment,[1] maintenance or improvement observed in Unitas probably cannot be similarly attributed.

Furthermore, the risk status of Unitas participants is noteworthy in relation to the mechanisms by which children become members, and to their continued participation in Unitas. While many children are referred originally by their teachers, particularly among the St. Athanasius students, a sizeable proportion are also self-referred, having heard about Unitas by word of mouth. Even among the teacher-referred members, children's individual motivations are responsible for their continued participation. This phenomenon appears to support the expectation that the Unitas program responds to the specific needs of its most disadvantaged participants.

The finding that Unitas summer-remainers tend to be among the most socioeconomically disadvantaged is in direct contrast to a sizeable literature regarding the role of social class in the psychotherapy process, where a fairly consistent finding has been an association of low socioeconomic status with early termination. Thus, Unitas appears to have a unique distinction, in that some of the most disenfranchised children from the South Bronx are not only self-referring, but also remaining longer in this therapeutic community.

Gains Associated with Unitas Participation

Enhanced Social Support

The most clear-cut and robust finding regarding the effectiveness of Unitas was that its participants increased significantly in social support satisfaction over the six-week summer program. This was in contrast to the PAL group, which was lower in support satisfaction than Unitas at the end of the summer. Furthermore, the overall increase in support satisfaction that occurred in Unitas seems to be attributable to the increase that most specifically was observed in Unitas children's satisfaction with the support provided to them by other Unitas participants.

Something about participation in Unitas seems to have caused this group of mainly self-referred, disenfranchised Hispanic children to feel better about the interactions they had in the context of Unitas.

An understanding of what this "something" is might be approached by considering the unique nature of Unitas. Like most programs for youth, the PAL comparison program consisted largely of varied recreational experiences and field trips, as did Unitas. The Unitas program, however, was designed as a therapeutic community with its extended family circle and unique linkages between children and neighborhood teens who function as the children's symbolic parents. Therefore, the effect of Unitas on enhanced feelings of social support appears attributable to this aspect of its design and to the special type of social linkages that it provides. The process of change is discussed below in greater detail.

Because social support has been described as a reliable predictor of adjustment and as a potential stress mediator, the nature of support and its enhancement, and the effects of enhanced social support, warrant further exploration, particularly among children, for whom much needed data are lacking. In this study, we found that social support and problem-solving skills were correlated in the Unitas group both at the beginning and at the end of the summer. This relationship between problem-solving skills and social support is worth highlighting because it is consistent with expectations and findings reported in the literature. The fact that social support and problem-solving skills were related as strongly or perhaps more strongly at the end of the summer than at the beginning, was an exception to the general pattern of lowered convergence of psychosocial dimensions at postintervention. On the one hand, the overall reduction in convergence of psychosocial indices probably suggests that Unitas impacts on these different dimensions in different ways. In fact, no significant gains were evident along many of the dimensions that we studied. However, the significant effect of Unitas in enhancing support satisfaction, and the stable and perhaps increased relationship between support and problem-solving skills from beginning to the end of the summer, seem to support contentions that preventive interventions should focus simultaneously on both these areas. These findings suggest that social support may be a necessary precondition for the acquisition of social skills, underscoring the contextual nature of coping and adaptation.

Non-Significant Findings

As in many program evaluations, several of our outcome indices showed non-significant program effects over the six weeks that we studied Unitas. Our choice of the PAL comparison program was based upon several theoretical and practical issues: It was expected that the two groups of children would be demographically and experientially similar, since the programs and probably the chil-

dren's homes were not physically apart. Age, family size, and parents' occupational status did not differ between the groups. Perhaps the most strictly antecedent between-subject differences between Unitas and PAL were their racial/ethnic composition, with Unitas largely Hispanic and PAL mostly black.

From spring to summer and during the course of the summer, the two groups seemed to diverge in terms of socioeconomic characteristics. While the final sample of PAL participants was slightly more advantaged compared to the PAL preintervention group, the final Unitas sample was significantly more disadvantaged than both PAL posttest and Unitas pretest groups. It might be hypothesized, therefore, even in the context of non-significant findings, that Unitas has accomplished the maintenance of a group of children at substantial psychological risk who otherwise might deteriorate. This hypothesis might be investigated by the use of a no-treatment comparison in future evaluations or by a follow-up comparison of Unitas with non-Unitas groups, neither of which was provided by this study. Thus, it is a limitation of the present investigation that only short-term goals were investigated. Another limitation of the study, which may have led to an underestimation of the program's effectiveness, was that the evaluation followed the program's inception by about 17 years and involved assessments of all children in the program rather than tracking children only after program entry. These limitations, of course, were dictated by practical constraints.

The PAL and Unitas groups appeared fairly comparable at preintervention along with the psychosocial dimensions investigated in this study. There was an indication that PAL children may have reported more feelings of cohesiveness to PAL than Unitas children did to their Unitas families. At postintervention, although neither group had increased significantly on our measure of cohesiveness, the combined non-significant within-group changes were reflected by a significant between-group difference, with PAL participants reporting more cohesiveness. Actually, this seemed surprising because of the nature of the Unitas circle and the clear aspect of contextual support and empathy that it involves.

It must be noted, however, that the cohesiveness measure utilized was the most experimental, that is, unvalidated, of the psychosocial indices used. The internal consistency estimate was low, and the standard deviations (see Table 4.4) were surprisingly small. Furthermore, cohesiveness was an exception to the general pattern that the intercorrelations obtained among our psychosocial risk indices are interpretable in a straightforward way and seem valid by virtue of the reliability information yielded in this study. The measure of cohesiveness did follow the overall trend of being related to fewer indices after the intervention than before; however, the more

surprising finding was its negative, rather than positive, relationship to a range of assets at preintervention, including problem-solving alternatives and effectiveness, network size, and reading and math achievement. This pattern is not consistent with the preexisting literature which describes cohesiveness as a positive social and therapeutic process. Since cohesiveness is a potentially important construct in understanding psychological assets and risk, it is probably appropriate to suggest that future research be directed toward refining its measurement, particularly among children.

There was a somewhat statistically robust indication of a difference between Unitas and PAL children at pretest on our index of altruism. When given a choice of taking up to seven candies and leaving the remainder for a Unitas or PAL child, Unitas children chose fewer candies than their PAL counterparts. Still, while this difference was statistically significant, the actual group means obtained (3.24 for Unitas and 4.46 for PAL), reflecting about three and four candies respectively, seem to suggest that the practical or real-life significance of this difference probably should not be overemphasized.

The pattern obtained at posttest for altruism was complex. Curiously, both groups became less altruistic over the summer; however, the change was non-significant for the PAL group but significant for the Unitas group. Because the Unitas children had started out lower in candy taken for self, the significant change occurred without changing the relative positions of the two groups at postintervention, that is, Unitas remaining marginally higher in altruism.

What seems most curious about the altruism findings is that both groups seemed to become less altruistic than they had been before. Because of the counterintuitive nature of this finding, there is a temptation toward *post hoc* reinterpretation of this task as a measure of assertiveness; however, it must be acknowledged that such a reinterpretation is arbitrary at this point. As indicated previously, the altruism measure consists of a single item, and so it is not possible to estimate an internal consistency value which would be relevant to construct validation of the measure.

PAL participants also showed a tendency to provide more problem-solving solutions than Unitas participants at postintervention, although these differences achieved only a borderline level of statistical significance. When the preintervention and postintervention means are examined within the respective summer intervention groups (Tables 4.6 and 4.7), it can be seen that there was a fair amount of overlap between the groups. The PAL children made a significant gain during the summer, generating averages of 5.53 and subsequently 6.32 problem solutions. At the same time, the average number of alternatives generated by Unitas participants

remained about the same, 6.03 and subsequently 5.73. Again, the substantial relationship of problem-solving skill to social support satisfaction, and the apparent effect of Unitas on enhanced support satisfaction, seem to underscore the relevance of further examination of the nature of the relationship between social competence and support in terms of both antecedent risk and intervention outcome.

The Process of Change in Unitas

Our behavioral process study represented an initial attempt to develop and utilize a coding system that took into account a large number of negative and positive behaviors of a number of children simultaneously in a particular structured outdoor setting. The contents of the behavioral codes were rationally derived and based essentially on our understanding of the Unitas program. Unfortunately, very few leads were available in the behavioral literature where most observation systems for children refer to negative behaviors exhibited by individual children in classroom settings. Rates of interrater agreement indicated that the behavioral codes were used reliably, and results indicated some significant behavior changes, more so in the decrease of negative behaviors during the six-week summer intervention. There was some evidence of differential change associated with symbolic family membership. One symbolic family in particular appeared to make significant changes in the desired directions.

It should be noted that since the symbolic families in Unitas are headed by symbolic parents, usually teenagers or young adults, this system represents a unique utilization of indigenous helpers. As described in Chapter 2, the skills and behaviors displayed by indigenous paraprofessional and non-professional helpers in a variety of contexts have just begun to be described and examined. In general, the mechanisms by which such helpers effect change are not yet clear. Because of the pilot nature of our evaluation, it did not include any assessment of the characteristics or behaviors of individual symbolic parents which might have suggested hypotheses about the patterns of behavior change associated with symbolic family membership. Thus, the following admittedly speculative consideration of the change process derives primarily from our observation of and discussions with the members and staff of Unitas.

When the size of Unitas grew, shortly after the program had begun, Eismann conceived and implemented his model of the extended family process. While forging ongoing social links between individual children and indigenous symbolic parents in the neighborhood, this model also provides a social structure in the context of the Unitas extended family meetings. In the meetings, as described above, children sit in family groups with their symbolic parents.

Eismann believes that the effects of Unitas are channeled through the paraprofessional, symbolic parents, who provide middle-level leadership. With a large Unitas group, the learning experience provided in the extended family circle could well be diluted in the absence of the symbolic parents or even with the presence of teens who function poorly in the symbolic parent role. However, Eismann's effectiveness as the Unitas leader might be reinforced through particularly strong paraprofessional symbolic family leaders.

Having uncovered differences between symbolic families in behavior change over the six-week summer program, we spoke with Eismann about the particular indigenous helpers who served as symbolic parents. We were especially interested in the leader of the family that had demonstrated significant improvement. That leader was described as a young black man who had become associated with Unitas more than ten years before and who was, according to Eismann, "more skilled and committed than the teens at large." He had been noted for his long-term and consistent emotional availability to the children and had been present in Unitas not only during the summer program but also during the school-year program.

Less stable behavioral improvements were evidenced by a symbolic family headed by a young woman who also was perceived by Eismann as available and consistent in interacting with the children, but who had been present only during the summer and not during the school year. A rather poor behavioral record was achieved by a family headed by a young man who, surprisingly, also had been associated with Unitas throughout several years, since his own childhood. Having some personal difficulties during the summer of our evaluation, this fellow had become unpredictable and inconsistent with the children, who in return had become angry and resentful toward this symbolic parent, according to Eismann.

This anecdotal information complements our program evaluation data. Together they suggest that the symbolic families of Unitas, when headed by dedicated and effective leaders, mediate the program's effect on enhanced feelings of social support among the children who participate. The absence of substantial behavior change in some symbolic families, and the robust behavior change that occurred in the family of a particularly dedicated indigenous helper, seem to argue against our maintaining simplistic, generalized myths about paraprofessionals. On the one hand, paraprofessionals should not be automatically or uniformly viewed as effective treatment agents. On the other hand, effective indigenous helpers cannot be chosen merely by superficial criteria. This evaluation indicated, for instance, that the most effective symbolic parent of Unitas' largely Hispanic constituency was a young black man.

The Unitas system of an extended family consisting of many symbolic families appears to have a particular effect of enhancing participants' satisfaction with social support, especially support that arises within the Unitas context. This seems a noteworthy contribution, given the high prevalence of disorganization among many natural families in the geographical area. Even with the limitations of the present evaluation, it appears that Unitas provides a social environment for disadvantaged and needy youth who themselves seek out the program for something that is unavailable in their usual social environment. Continuation of conceptual and empirical refinement of measures of psychosocial risk status and intervention outcome, along with more comprehensive and ecologically valid means of assessing behavior change, used in the service of the development of intervention programs, such as Unitas, hopefully will lead to greater understanding of prevention and effective prevention strategies.

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